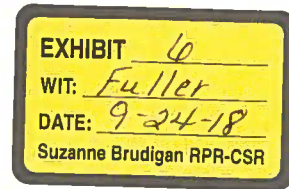


CURRICULUM VITAE

NAME: William C. Fuller, M.D.  
Professor and Vice Chairman Adult Services  
Avera University Psychiatry Associates  
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Sioux Falls, South Dakota 57108  
  
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605/322-5704  
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Fax: 605/322-5704



BIRTHDATE : February 8, 1947

CITIZENSHIP: United States

SOCIAL SECURITY NUMBER: 505-66-7616

MARRIED/SINGLE Married SPOUSE'S NAME: Gail

HOME ADDRESS: 26548 North Shore Pl.  
Hartford, South Dakota 57033

HOME PHONE: 605-526-6390

EDUCATION

High School: Arnold High School, Arnold, Nebraska,  
(4 years) Graduated 1965

College: University of Nebraska, Lincoln, Nebraska,  
(4 years) 1965-1968 (B.S. in 1970)

Medical or Graduate School: University of Nebraska College  
of Medicine, Omaha, Nebraska  
1968-1972 (M.D. in 1972)

Residency: University of Nebraska College of Medicine,  
Department of Psychiatry, Omaha, Nebraska July  
1972-June 1975

BOARD CERTIFICATION

Psychiatry. American Board of Psychiatry and Neurology- June, 1977

Licensure: Nebraska - #12488 - Issued Aug.28, 1972

South Dakota - #2080 - Issued May 30, 1975

Minnesota - #022298 -

Iowa - #27059

Professor and Executive Vice Chairman  
USD School of Medicine, Department of Psychiatry  
Sioux Falls, South Dakota  
September 15, 2002 to present

Professor and Chairman  
USD School of Medicine Department of Psychiatry  
Sioux Falls, South Dakota  
December 1, 1989 to September 15, 2002

Professor and Acting-Chairman  
USD School of Medicine Department of Psychiatry  
Sioux Falls, South Dakota  
July 1, 1989 - December 1, 1989

Director of Research, Avera McKennan  
University Psychiatry Associates  
Sioux Falls, South Dakota  
July 1, 2002 to present

Medical Director  
Psychiatry Associates  
Sioux Falls, South Dakota  
June 1989-July 1, 2002

Program Director  
Charter Hospital of Sioux Falls  
Sioux Falls, South Dakota  
March 1991 - 1994

Medical Director  
Charter Hospital of Sioux Falls  
Sioux Falls, South Dakota  
April 1, 1989-March 1991

Director of Education and Training  
Professor and Vice-Chairman  
USD School of Medicine  
Department of Psychiatry  
Sioux Falls, South Dakota  
1975-1989

Instructor  
University of Nebraska College of Medicine  
Department of Psychiatry  
Omaha, Nebraska  
1972

#### SOCIETY MEMBERSHIPS

American Medical Association, South Dakota State Medical  
Association - 1975 to present, current delegate to Annual  
Meeting, Alternate Counselor

American Psychiatric Association - 1973 to present

South Dakota Psychiatric Association - 1973 (formerly Sioux  
Psychiatric Society, Nebraska-South Dakota Branch of the  
American Psychiatric Association)

American Society for Education in Substance Abuse - 1978 to present.

Association of Directors of Undergraduate Medical Education  
 - 1977 to 1993  
 Association of Directors of Psychiatric Residencies - 1986 to 1990  
 Association of Academic Psychiatry - 1983 to present  
 Association of American Medical Colleges - 1976 to present  
 Charter Hospital of Sioux Falls Staff - 1989 to present  
 McKennan Hospital Staff - 1975 to present  
 Sioux Valley Hospital Staff - 1975 to present  
 VA Hospital Staff - 1975 to present  
 University Physicians - Offices past, Secretary-Treasurer,  
 President, Vice-President and President, most recently  
 President of University Physicians 1995 - 2001  
 South Dakota Psychiatric Association  
 Assembly Representative 1981 - 1989,  
 Legislative Representative - 1989 to present,  
 Past President - 1980 to 1981  
 Public Affairs Representative - 1989-1991  
 Fellow, American Psychiatric Association, 1986  
 Anxiety Disorders Association of America - 1996

#### CME ACCREDITATION:

AMA Physician Recognition Award, 2002-2004.  
 ACR Certification in GCP, June 2002

#### HONORS AND AWARDS:

Valedictorian of High School Class, 1965.  
 Regents Scholarship, State of Nebraska, 1965-1968.  
 University of Nebraska Honors Program, 1965-1968.  
 Cecil B. Wittson "Outstanding Medical Student in Psychology" Award, 1971-1972.  
 Merrill T. Eaton "Outstanding Resident in Psychiatry" Award, 1974-1975.  
 Chief Resident, University of Nebraska School of Medicine, 1974-1975.  
 South Dakota NAMI Service Award for development of research, 1993.  
 Roy Knowles Distinguished Faculty Award, 1995.  
 Nancy C.A. Roeske Award for Excellence in Medical Education, 1997.  
 Roy Knowles Friend of Mental Health by Southeastern Behavioral Health Care,  
 1998 and 1999.  
 Recognition Award, Sioux Valley Hospital and University of South Dakota Medical  
 Center, 2000 and 2002.  
 Distinguished Service Award, University of South Dakota School of Medicine,  
 Department of Psychiatry, 2001.  
 NAMI Award for Exceptional Service, 2001. (South Dakota)  
 NAMI Exemplary Psychiatrist Award, 2002. (National Award)  
 American Psychiatry Association Distinguished Fellow Award, 2003.

#### TEACHING EXPERIENCE

Psychiatry Clerkship - University of Nebraska School of Medicine, Involved in  
 lecture series for junior students during each rotation of the junior  
 psychiatry clerkship, 1973-1975

Coordination of Educational Programs - University of South Dakota School of  
 Medicine, Department of Psychiatry, 1975 - 1993.

From 1977 - 1993 served as the Director of Education Training in the Department  
 of Psychiatry and have been the major coordinator of all psychiatry teaching  
 programs within the School of Medicine.

A. Junior Psychiatric Clerkship - Coordinator of the Psychiatry Clerkship overall from 1975 - 1993 Continued major role in seminars, quizzes and examinations.

B. Liaison Psychiatry - Participated in Liaison Psychiatry teaching rounds and conference teaching and in organization of the clerkship of the liaison psychiatry objectives and materials from 1975 to 1990.

C. Introduction to Clinical Medicine - Teach in all sections of Introduction to Clinical Medicine at differing points in time. Includes teaching in physical diagnosis, interviewing skills, growth and development, psychopathology and becoming a physician. Specific involvement has varied slightly from year to year and will not enumerate the minor changes in teaching responsibilities from year to year.

D. Psychiatry Electives - Have offered psychiatry electives in Sioux Falls each year in the area of community psychiatry, medical and family psychiatry, individual elective in psychiatry and alcohol and drug electives.

E. Elective Coordinator - July 1, 2002-present.

F. Family Practice Residency - Lecture training to family practice residents during their noon conference series since 1975. In addition, have been involved as a perceptual teacher of family practice residents when they take their two-month psychiatry rotation since 1979. In addition, have been involved in a comprehensive family practice training within the center during the years in which a grant written and developed by the Department of Psychiatry was in operation.

G. Internal Medicine Residency - Involvement in lecture teaching to the internal medicine residents during the years 1979 through 1982. Series will begin again in 1995-96 academic year.

H. Psychiatry Residency - Wrote and obtained accreditation for the Adult Psychiatry Residency July 1, 1987. Teaching in multiple courses and individual supervision since that time.

Major responsibilities 1987-present:

1. 4th Year Curriculum
2. Practice Development
3. Managed Care
4. Psychiatric Syndromes
5. Administrative organization of outpatient practice for residents
6. Development of financing for the residency
7. Participation in department teaching service
8. Student supervision, outpatient and career supervisor

#### COMMITTEE ASSIGNMENTS

Member, Joint Education Committee, 1977-1979

Member, Subcommittee on Longitudinal Evaluation of Curriculum Committee

Member, Ad Hoc Committee on Ambulatory Clerkships, 1981-present

Member, Executive Committee, 1977-1978

Member, Dean's Committee, 1977-1978

Member, Comprehensive Evaluation Subcommittee, 1978-present

Chairman, Comprehensive Evaluation Committee, 1980-1981  
 Co-Chairman, Comprehensive Evaluation Subcommittee, 1981-1982  
 Utilization Committee, McKennan Hospital, 1979  
 Reviewer, South Dakota Medical Journal, 1978-present  
 President Elect, South Dakota Psychiatric Association, 1978-1980  
 President, South Dakota Psychiatric Association, 1980-1982  
 Board of Directors, University Physicians, 1981-January 2002  
 Executive Committee, University Physicians, 1981-January 2002  
 Vice-Chairman, University Physicians Board, 1981-1982, 1991-1995  
 Psychiatry Department University Physicians Committee, 1979-1989  
 Chairman, Department of Psychiatry Appointment and Recruitment  
 Committee, 1979-1983  
 Chairman, Ad Hoc Committee to develop an Alcohol Treatment  
 Program, 1980-1991  
 Chairman, Ad Hoc Committee to develop a Department of  
 Psychiatry Self-Help Organization, 1981-1983  
 Member, State Mental Health Advisory Committee, 1976-1981  
 Member, USD Curriculum and Evaluation Committee, 1976-1983,  
 1986-1993  
 Chair, USD Curriculum & Evaluation Committee 1987-1989  
 Chairman, Elective Subcommittee, 1977-1980  
 Chairman, Psychiatry Curriculum Committee, 1977-1993  
 Member, Elective Subcommittee Curriculum Committee-present  
 Member, LCME Central Task Force 1992, 1997, and 2002  
 Member, Appointments, Promotion and Tenure Committee of the  
 University of South Dakota, School of Medicine, 1983-2000  
 President, APT Committee 1991-1993  
 Member USD Student Promotion and Conduct Committee, 1983-1985  
 Member, USD Graduate Medical Education Advisory Committee,  
 1983-1986, 1996-2002  
 Board of Directors Residency Corporation 1991-present  
 Vice-President, Board of Directors, University Physicians,  
 1983-1984, 1991 to 1995  
 Secretary-Treasurer, University Physicians, 1984-1985  
 President, University Physicians 1985-1988 and 1995-January 2002  
 Chairman, University Physicians Board of Directors, October 1995-January 2002  
 Chairman, Psychiatry Department, McKennan Hospital, 1987-1989, 2000-present  
 Member, Executive Committee, McKennan Hospital, 1987-1989  
 President, Quality Assurance Committee, McKennan Hospital, 1987-1989  
 Medical Director, Charter Hospital of Sioux Falls, 1989-1991  
 Chairman, Medical Staff Charter Hospital 1989-1992  
 Chief, Department of Psychiatry, Sioux Valley Hospital, 1997-2001  
 Unit Director, Charter Hospital of Sioux Falls, 1991-1994  
 Consultant to McKennan Hospital regarding clinical organization,  
 Teaching and outcome monitoring  
 Chairman, Search Committee for Family Medicine Chairman,  
 June 1995-January 1996  
 Nominating Committee, APA, 1988  
 Medical Education Committee, 1998-2001  
 LCME Task Force 2001  
 Fourth-Year Elective Subcommittee of Medical Education Committee,  
 2002-present

#### NATIONAL ORGANIZATION ACTIVITIES

Member, Rural Task Force, American Psychiatric Association, 1996 - present  
 Reviewer, "Archives of General Psychiatry", 1995 - present

Member, Medicare National Advisory Committee, 1995 - present  
 Managed Care Subcommittee, Association of Chairman of Academic Psychiatry, 1993  
 - 2002  
 Member, Practice Plan Subcommittee - MGMA  
 Reviewer, "Psychiatric Services", 1991 - present  
 Reviewer, "Academic Psychiatry", 1987 - present  
 Examiner, American Board of Psychiatry and Neurology, 1979-present  
 Reviewer, American Journal of Psychiatry, 1979-present  
 Peer Review Committee of American Psychiatric Association, Champus Project,  
 1978-1988  
 Practice Research Network, 1999 - present.

#### GRANTS RECEIVED

Mental Health Training in a Family Practice Residency, National  
 Institute of Mental Health - Psychiatric Education,  
 July 1, 1978 - June 30, 1985 \$141,693.00  
 Undergraduate Psychiatry and Behavioral Science, Department of Health,  
 Education and Welfare, July 1, 1977 - June 30, 1982 \$75,745.00  
 Continuing Education of Primary Care Physicians, Department of Health,  
 Education and Welfare, July 1, 1976 - June 30, 1979 \$65,145.00  
 Academic Career Teacher Award in Narcotic Addiction, Drug and Alcohol  
 Abuse, Department of Health, Education and Welfare, February 1, 1979 -  
 February 1, 1982 \$150,518.00  
 Primary Care Research and Demonstration Grant, "Mental Health-Primary Care  
 Linkage", Department of Health and Welfare, Public Health Service,  
 September 1980 - September 1983 \$1,293,054.00  
 Effects of Liaison Psychiatry on Alcoholism Attitudes, VA Central Office,  
 October 1978-1979 \$3000.00  
 "Homeless Mentally Ill" - Research funds from the USDSM Intramural  
 Research Committee. July 1990 - \$2,625.00  
 APA Public/Academic Liaison Project 1988, 1993.

#### CONTRACT RESEARCH EXPERIENCE

Principal Investigator. Novartis, Excelon ENAB-356, "Alzheimer's Medication  
 Trial Community", April 1997  
 Principal Investigator. CRO - Parexel, Risperdal, "Management of  
 Schizophrenia",  
 October 1994  
 Principal Investigator. Sponsor - Eli Lilly, R-fluoxetine, "Management of  
 Depression in Adults", September 1999  
 Principal Investigator. Sponsor - Pfizer, Ziprasidone vs. Olanzapine.  
 "Inpatient Management, Patients with Schizophrenia/Schizoaffective  
 Disorder", June 2000  
 Principal Investigator. Sponsor - Eli Lilly, Zyprexa vs. Placebo, "Mixed or  
 Manic Bipolar", March 2000  
 Principal Investigator. Sponsor - Eli Lilly, Zyprexa/Prozac vs. Placebo,  
 "Depressed Bipolar", June 2000  
 Principal Investigator, Sponsor - Janssen, Risperdal vs. Placebo, "Mixed or  
 Manic Bipolar", January 2001  
 Principal Investigator, Sponsor - Shire, Tegretol CR, "Lithium  
 Failure/Bipolar",  
 January 2001  
 Principal Investigator. Sponsor, Janssen, Risperdal vs. Placebo,  
 "Alzheimer's",  
 November 2000



Principal Investigator. Sponsor - Glaxo-SmithKline, Paxil vs. Placebo, "PMDD", May 2001

Principal Investigator. Sponsor - Shire, Adderall CR, "Treatment for ADHD", May 2001

Principal Investigator. Sponsor - Organon, Org 5222, "Treatment for Schizophrenia", November 2000

Protocol A128-1052: A Phase III, Randomized, Placebo-Controlled, Double-Dummy Study Evaluating the Safety and Efficacy of Oral Ziprasidone Vs. Haloperidol and Placebo in Patients with an Acute Manic Episode June 2002

Protocol 01-02-TL-375-032: A Phase III Safety Study to Evaluate the Long-Term Effects on Endocrine Function in Adult Subjects with Chronic Insomnia, February 2003

Protocol DR15343: A Dose-Ranging Placebo-Controlled Study of SL65.0155-10 at the doses of 0.5 mg 2mg and 8 mg for 12 Weeks in Patients with Mild-to-Moderate Alzheimer's Disease, August 2003 - present.

Protocol M4Z-MC-GJAD: Effects of Arzoxifene on Vertebral Fracture Incidence and on Invasive Breast Cancer Incidence in Postmenopausal Women with Osteoporosis or Low Bone Density July 2004

Principal Investigator

Protocol D1444C00133: A six week, Multi-center, Double-blind, Double-dummy, Randomized Comparison of the Efficacy and Safety of Sustained-Release Formulation Quetiapine Fumarate (SEROQUEL) and Placebo in the Treatment of Acutely III Patients with Schizophrenia, September 2004

Protocol EFC2946: A randomized, Multi-center, Double-blind, Placebo-controlled, 18-month study of the efficacy of Xaliproden in patients with mild-to-moderate dementia of the Alzheimer's type May 2005

Protocol 041021: A Multi-center, Randomized, Double-blind, Fixed-dose, 6-week Trial of the Efficacy and Safety of Asenapine compared with Placebo using Olanzapine positive control in subjects with an acute exacerbation of Schizophrenia. August 2005

Protocol A7501008: A Phase 3, Randomized, Placebo-Controlled, Double-blinded Trial Evaluating the Safety and Efficacy of Asenapine in Subjects Continuing Lithium or Valproic Acid/Divalproex Sodium for the Treatment of an Acute Manic or Mixed Episode. October 2005

Re: Protocol D1448C00005 - A Multi-Centre, Double-Blind, Randomized-Withdrawal, Parallel-Group, Placebo-Controlled Phase III Study of the Efficacy and Safety of Quetiapine Fumarate Sustained Release (SEROQUEL SRTM) As Monotherapy in the Maintenance Treatment of Patients with Major Depressive Disorder Following an Open-Label Stabilization Period (AMETHYST STUDY) February 2006

Protocol A1281134 - Six Week, Double-Blind, Placebo-Controlled Phase III Trial Evaluating the Efficacy, Safety, and Pharmacokinetics of Flexible Doses of Oral Ziprasidone in Adolescent Subjects with Schizophrenia. February 2006

Protocol UP-AS-301: A Randomized, Double-blind study of UP 4896 U.S. Placebo In patients with mild to moderate Alzheimer's disease. August 2006

Protocol S-1543021: A Multi-center, Randomized, Double-blind study of Bifrunox v.s. Quetiapine in Schizophrenia. February 2007

Protocol CN148015: A Double-blind, Randomized, Placebo-controlled study of Paxacerfont in Generalized Anxiety Disorder.  
June 2007

Protocol Elaw-AAB-001-ELN115727-301 and -302: Phase III. A Multi-center, Randomized, Double-blind, Placebo-controlled, Parallel group study of Efficacy and Safety of Bapinea Zumab in Mild to Moderate Alzheimer's Disease.  
February 2008

Protocol FIS-US-HMFT: Open label trial of dualoxetine v.s. Generic SSRI's in the Treatment of Severe Depression.  
April 2008

Protocol R076472-SCH-4005: A Double-blind , Safety and Efficacy study of Paliperidose in the treatment of Patients with Schizophrenia or Schizoaffective Disorder and Hepatic Disease.  
May 2008

#### PUBLICATIONS

Fuller, William C., "The Greening of Psychiatry," Concepts, May 1977

Fuller, William C. and Larson, Adrian, Lois, "Grief: A Case Report", South Dakota Journal of Medicine, Volume XXX, No. 4, April 1977

Fuller, William C. and Gunn, S. Richard, "Organic Brain Syndrome in Alcoholics: A Study Based on Shipley Institute of Living Scale Data," Currents in Alcoholism, Volume IV, Psychiatric, Psychological, Social & Epidemiological Studies, Grune & Stratton, Inc., 1978

Fuller, William C.; Gullledge, A. Dale; Roberts, Cecilia M., "Pain: Current Concepts and Management, " South Dakota Journal of Medicine, Volume XXX, No. 2, 1977

Fuller, William C., Contributing author, "Medical Dimensions in Mental Retardation," University of Nebraska Press, 1978

Fuller, William C.; Roberts, Cecilia; Gullledge, A. Dale; "Liaison Psychiatry: An Approach to Curriculum for the Medical Student," Journal of Medical Education, 1979

Fuller, William C.; Roberts, Cecilia; Soule, Douglas, "Liaison Psychiatry, An Approach to Curriculum Development," Journal of Psychiatric Education, Spring 1980

Fuller, William C. and Bean, David W., "Development of the South Dakota Psychiatric Association," South Dakota Journal of Medicine, May 1981

Fuller, William C.; Bhatara V.; Ricci, J.; Lapierre, R., "Linkage Attitudes: A Profile of Needs, Problems and Proposed Solutions," presented in Washington, DC, November 10, 1981

Fuller, William C.; Bhatara V.; Ricci, J; Lapierre, R., "Job Satisfaction of Central South Dakota Physicians," South Dakota Journal of Medicine, November, 1982



Fuller, William C.; Bhatara, V. ; Ricci, J. ; Lapierre, R.; Pederson, C., "Infrequent Interdisciplinary Information Exchange: A Major Barrier to Mental Health-General Health Linkage?" American Journal of Psychiatry, 1983

Fuller, William C.; Bhatara, V.; Lapierre, R., "Alcoholism Referral Processes: A Study of Interprofessional Attitudes, " published in Alcoholism: Clinical and Experiential Research, Volume VII, No. 1, 1983

Fuller, William C. and Bhatara, V., "Empirical Recommendations for Linkage Building: Steps for Successful Mental Health Programs," Public Health Reports, 1983

Fuller, William C. and Soule, Douglas, "Changing Attitudes of Medical Students Toward Alcohol Use," South Dakota Journal of Medicine, August 1985

Fuller, William C. and Williams, W. Vail, "Adult Victims of Childhood Sexual Abuse: In a Clinical Population", Paper presented at 64th Annual Meeting, American Orthopsychiatric Association, March, 1987

Fuller, William C. and Williams, W. Vail, "Adult Victims of Childhood Sexual Abuse: In a clinical Population", South Dakota Journal of Medicine, September, 1988

Fuller, William C.; Bhatara, Vinod S.; & Unruh, Elwin R.; "The Case for Managed Cooperation (Not Competition): South Dakota Mental Health Linkage Project", South Dakota Journal of Medicine, September 1994

Fuller, William C.; and Bhatara, Vinod S., "Continuing Interdisciplinary Education: A Needed Strategy to Reduce Reservation Mental Health Service Deficit". Abstract presented at the 13th International Congress of International Association for Child and Adolescent Psychiatry, July 24-28, 1994 - San Francisco, California

Fuller, William C.; and Bhatara, Vinod S., "Infrequent Interdisciplinary Information Exchange: A Major Barrier to Interprofessional Linkage", Abstract presented at the 13th World Congress of Social Psychiatry, November, 1992

Vinod S. Bhatara, MD, MS; William C. Fuller, MD; Lynda O'Connor-Davis, Ed.D; and Lalith K. Misra, DO, Ph.D., "Improving Job Satisfaction of Rural South Dakota Mental Health Providers Through Education: A Pilot Study", published in the South Dakota Journal of Medicine, March, 1996

Fuller, William C., "Homeless Mentally Ill in South Dakota, 5-Year Retrospective Study". Orthopsychiatry, 1997

Fuller, William C., Folks, David, "Anxiety, Pharmacologic Treatment in the Elderly", published in Geriatric Psychiatry: The Psychiatric Clinics of North America, Vol. 20:1, pp 119-139, March 1997

Book Review: "Understanding Biological Psychiatry" by Robert J. Hedaya, M.D. Review published in the December, 1997 issue of Psychiatric Services

#### PRESENTATIONS AT PROFESSIONAL MEETINGS

How to Handle Stress and Strain, Black Hills, SD, University of South Dakota School of Medicine, Department of Psychiatry, September 11-12, 1976

Sexual Counseling in Primary Care, Aberdeen, SD, University of South Dakota School of Medicine, Department of Psychiatry, November 26, 1976

Current Concepts in Alcoholism, Sioux Falls, SD, University of South Dakota School of Medicine, Department of Psychiatry, December 3, 1976

The Challenge of Alcoholism, Watertown, SD, University of South Dakota School of Medicine, Department of Psychiatry, January 7, 1977

The Challenge of Alcoholism, Watertown, SD, University of South Dakota School of Medicine, Department of Psychiatry, February 15, 1977

Marital and Family Counseling in Primary Care, Aberdeen, SD, University of South Dakota School of Medicine, Department of Psychiatry, March 26, 1977

Practical Approaches to Treatment of Sexual Dysfunction, Rapid city, SD, University of South Dakota School of Medicine, Department of Psychiatry, May 4, 1977

Reactions to Illness and Hospitalization, Aberdeen, SD, University of South Dakota School of Medicine, Department of Psychiatry, May 21, 1977

Medical Interviewing Skills, Watertown, SD, University of South Dakota School of Medicine, Department of Psychiatry, May 27, 1977

Handling Problems in the Family, Sioux Falls, SD, University of South Dakota School of Medicine, Department of Psychiatry, October 1-2, 1977

How to Handle Stress and Strain, Sioux Falls, SD, University of South Dakota School of Medicine, Department of Psychiatry, October 1-2, 1977

Practical Approaches to Treatment of Sexual Dysfunction, Brookings, SD, University of South Dakota School of Medicine, Department of Psychiatry, November 3, 1977

Practical Approaches to Treatment of Sexual Dysfunction, Pierre, SD, University of South Dakota School of Medicine, Department of Psychiatry, November 8, 1977

Clinical Use of Psychotherapeutic Drugs, Yankton, SD, University of South Dakota School of Medicine, Department of Psychiatry, December 3, 1977

Liaison Issues in Medical Practice, Rapid City, SD, University of South Dakota School of Medicine, Department of Psychiatry, December 3, 1977

Reactions to Illness and Hospitalization, Brookings, SD, University of South Dakota School of Medicine, Department of Psychiatry, January 5, 1978

Clinical Use of Psychotherapeutic Drugs, Yankton, SD, University of South Dakota School of Medicine, Department of Psychiatry, January 10, 1978

Marital Counseling in the Office, Pierre, SD, University of South Dakota School of Medicine, Department of Psychiatry, January 14, 1978

Practical Approaches to Treatment of Sexual Dysfunction, Pierre, SD, University of South Dakota, School of Medicine, Department of Psychiatry, February 7, 1978

The Challenge of Alcoholism, Pierre, SD, University of South Dakota School of Medicine, Department of Psychiatry, March 7, 1978

Family Counseling, Deadwood, SD, University of South Dakota School of Medicine, Department of Psychiatry, March 16, 1978

Problem Children, Rapid City, SD, University of South Dakota School of Medicine, Department of Psychiatry, March 17, 1978

Practical Approaches to Depression, Sioux Falls, SD, University of South Dakota School of Medicine, Department of Psychiatry, April 29, 1978

Diagnosis and Treatment of Severe Emotional Problems, Yankton, SD, University of South Dakota School of Medicine, Department of Psychiatry, May 16, 1978

Diagnosis and Treatment of Severe Emotional Problems, Yankton, SD, University of South Dakota, School of Medicine, Department of Psychiatry, June 15, 1978

How to Handle Stress and Strain, Brookings, SD, University of South Dakota School of Medicine, Department of Psychiatry, June 22, 1978

Evaluation and Treatment of Depression in the Medical Patient, Rapid City, SD, University of South Dakota School of Medicine, Department of Psychiatry, September 18, 1978

Psychological Aspects of Coronary Care, Aberdeen, SD, University of South Dakota School of Medicine, Department of Psychiatry, September 28, 1978

Psychopharmacology Update, Sioux Falls, SD, University of South Dakota School of Medicine, Department of Psychiatry, October 7, 1978

Psychological Aspects of Coronary Care, Aberdeen, SD, University of South Dakota School of Medicine, Department of Psychiatry, October 28, 1978

Concepts in Pain Management, Watertown, SD, University of South Dakota School of Medicine, Department of Psychiatry, December 5, 1978

Practical Approaches to Depression, Mitchell, SD, University of South Dakota School of Medicine, Department of Psychiatry, January 15, 1979

Management of the difficult patient, Yankton, SD, University of South Dakota School of Medicine, Department of Psychiatry, January 3, 1979

Management of the Difficult Patient, Pierre, SD, University of South Dakota School of Medicine, Department of Psychiatry, February 8, 1979

Practical Approaches to Depression, Aberdeen, SD, University of South Dakota School of Medicine, Department of Psychiatry, February 24, 1979

Violence in the Family, Sioux Falls, SD, University of South Dakota School of Medicine, Department of Psychiatry, April 7, 1979

Management of the Difficult Patient, Yankton, SD, University of South Dakota School of Medicine, Department of Psychiatry, April 9, 1979

Management of the Difficult Patient, Pierre, SD, University of South Dakota School of Medicine, Department of Psychiatry, May 17, 1979

Pain: Diagnosis and treatment of the Difficult Patient, Sioux Falls, SD of South Dakota School of Medicine, Department of Psychiatry, May 19, 1979

The Physician and Family Violence, Pierre, SD, USD Mental Health Linkage Grant, June 16, 1981

Alcoholism and Suicide: Approaches to Hospital Management, Wessington Springs, SD, USD Mental Health Linkage Grant, August 10, 1981

Alcoholism and Suicide: Approaches to Hospital Management, Pierre, SD, USD Mental Health Linkage Grant, August 12, 1981

Approaches to Suicide, Pierre, SD, USD Mental Health Linkage Grant, October 26, 1981

Dealing with Pain: Effective Interpersonal and Pharmacological Methods, Huron, SD, USD Mental Health Linkage Grant, October 26, 1981

Alcoholism, Miller, SD, USD Mental Health Linkage Grant, November 17, 1981

The Family: Illness and Health, Pierre, SD, USD Mental Health Linkage Grant, January 25, 1982

Stress and Professional Burnout, Huron, SD, USD Mental Health Linkage Grant, February 22, 1982

The Family: Illness and Health, Pierre, SD, USD Mental Health Linkage Grant, April 19, 1982

Practical Psychopharmacology for Physicians, Mitchell, SD, USD Mental Health Linkage Grant, August 19, 1982

DSM-III, Yankton, SD, USD Mental Health Linkage Grant, April 8, 1983

Rural Mental Health and Substance Abuse - A South Dakota Task Force, Sioux Falls, SD, USD Mental Health Linkage Grant, September 23, 1983

Intentional Poisonings - Dealing with Suicide Attempts, Fall Toxicology Conference, September 1983

Office Treatment of Depression, Fort Meade Hospital, September 1983

Dual Diagnosis Problems, Fort Meade Hospital, May 1984

Family Therapy of Schizophrenia, Fort Meade Hospital, June 1984

Crisis Intervention, SD MIX Presentation to North Dakota Physicians, March 1984

Drug Treatment of Schizophrenia, McKennan Hospital, Sioux Falls, SD, October 1984

Family Therapy of Schizophrenia, McKennan Hospital, Sioux Falls, SD, October 1984

Practical Psychotherapy, Moderator and Discussant, Winter Update, Deadwood, SD, University of South Dakota School of Medicine, Department of Psychiatry, February 1984

Pain Syndrome Update, SD MIX Teleconference, April 1984

Alcohol and Drug Abuse, Case of the Emotionally Disturbed Patient, McKennan Hospital, Sioux Falls, SD, April 1984

Outcomes of Incest, American Orthopsychiatric Association Meeting, March, 1987

Premenstrual Syndrome Lecture, University of South Dakota School of Medicine Department of Psychiatry, Sioux Falls, SD, April, 1987

Renal Effects of Lithium Carbonate lecture, University of South Dakota School of Medicine Department of Psychiatry, Sioux Falls, SD, September 16, 1987

Latest Research In The Treatment of Anxiety & Panic Disorders, University of South Dakota School of Medicine Department of Psychiatry and SD Psychiatric Association, Sioux Falls, SD, October 10, 1987

Teleconference Alcoholism - Advances in Research & Treatment, South Dakota Medical Information Exchange, Sioux Falls, SD, December 2, 1987

Dual Diagnosis, SD MIX Teleconference, April 1988

Adolescent Suicide, SD MIX Teleconference, June 1989

Geriatric Education Seminar, Dakota Plains, March 29, 1989

#### USD GRAND ROUNDS AND CME PRESENTATIONS

DSM-III Training, Fort Meade, SD, August 21, 1980, 1 hour

Department of Psychiatry Weekly Group Supervision/Case Conference, VA Hospital, Sioux Falls, SD, August 22, 1980, 1 hour

Department of Psychiatry Weekly Group Supervision/Case Conference, VA Hospital, Sioux Falls, SD, August 29, 1980, 1 hour

DSM-III Training, Pierre, SD, October 3, 1980, 6 hours

South Dakota Medical Association Meeting, "The Impaired Physician", Aberdeen, SD, May 30-31, 1980

Geriatric Curriculum Planning including alcohol, Drug Abuse and Psychoactive Prescription Drugs, Vermillion, SD, March 3, 1981

Workshop at Gerontology Forum, "How to Deal with Pain and Anxiety", Sioux Falls, SD, June 3, 1981

EMT Course, "Alcohol and Drug Abuse", McKennan Hospital, Sioux Falls, SD, April 14, 1981, 1 hour

DSM-III Training Workshop, Pierre, SD, October 3, 1980, 4 hours

DSM-III Training Workshop, Rapid City, SD, March 25, 1981, 4 hours



Tribal Health Planning Workshop, Sioux Falls, SD, August 13-14, 1981

Teleconferences with Community Counseling, Series: "Sexual Dysfunction, Family Therapy, Depression", Sioux Falls, SD, July 22, 1981, August 3, 1981 and September 21, 1981

Santee Workshop "Family Crisis Intervention", Santee, Nebraska, October 1, 1981

Teleconference, "Crisis Intervention", "Anxiety States", Sioux Falls, SD, February 18, 1982

DSM-III Workshop, Worthington, MN, May 18, 1982, 3 hours

Practical Psychopharmacology for Physicians, Mitchell, SD, August 19, 1982, 4 hours

Winter Update, "Psychiatry and Medicine" and "Acute and Chronic Illness" at Spearfish, SD, February 5-6, 1983

DSM-III Training Workshop, Yankton, SD, April 8, 1983

NHSC Mental Health Care Workshop, "Stress and Violent Behavior Control", Sioux Falls, SD, April 14, 1983

Crisis Intervention Teleconference, Sioux Falls, SD, September 21, 1983, 1 hour

Pain Syndrome Update, Teleconference, April 11, 1984

Lecture, "Alcohol and Drug Abuse" and "Care of the Emotionally Disturbed Patient", McKennan Hospital, Sioux Falls, SD, April 17, 1984, 3 hours

Winter Update, "Over The Hill?", Deadwood, SD, February 21-23, 1985

Grand Rounds, "Coordination of General Medicine and Psychiatry", Liaison Psychiatry, Sioux Falls, SD, March 29, 1985

"Biological Treatments of Depression/Diagnosis and Patient Selection", Sioux Falls, SD, October 12, 1985

"Management of the Patient with Senile Dementia, Sioux Falls, SD, January 23, 1986

"Outcomes of Incest", Sioux Falls, SD, May 21, 1986

"Hypochondriasis", Sioux Falls, SD, July 25, 1986

"Recent Developments in Psychopharmacology", Sioux Falls, SD, October 10, 1986

"Psychotherapeutic Intervention with Violent Patients", Sioux Falls, SD, October 11, 1986

Winter Update, "Alcohol 1987", Dual Diagnosis, Sioux Falls, SD, February 21-22, 1987

Panel Presentation, "Rural Psychiatry", American Psychiatric Association Annual Meeting, Washington, DC, May 1987

Grand Rounds, "Multiple Personality Disorder", Sioux Falls, SD, September 11, 1987

"Treating Clinical Anxiety in Patients Presenting with Cardiovascular Symptoms", April 14, 1988

Grand Rounds, "Depression With Multi-Personality Disorder", January 8, 1988

Grand Rounds, "Panic Attacks and COPD", November 7, 1988

Grand Rounds, "PTSD", Sioux Falls, SD, January 1989

Grand Rounds, "Depression on Lithium Tx", Sioux Falls, SD, April 7, 1989

Grand Rounds, "Sexual Offenders", Sioux Falls, SD, October 20, 1989

"A Clinician's Guide to Clozaril", December 8, 1989, Sioux Falls, SD

Winter Update, "Dependency Disorders and Affective Disorders", Sioux Falls, SD, February 1990

"Use of Side Effect Profiles in Treatment of Sexual Dysfunction, Sexual Desire and PMS", Primary Care Physicians and Psychiatrists, Pierre, SD, September, 2001.

"Anxiety Spectrum Disorders", Primary Care Physicians and Psychiatrists, Plankinton, SD, October 2001.

"Citalopram and Stereoisomers, Efficacy and tolerability", Primary Care Physicians and Psychiatrists, Platte, SD, November, 2001.

"Treatment Resistance of Depression and Bipolar Disorder: New Data on the Use of Atypicals", USD Department of Psychiatry, April 27, 2002.

"Treatment Resistance, of Depression and Bipolar Disorder: New Data on the Use of Atypicals", Watertown Primary Care Physicians, September 28, 2002.

"Treatment Resistance, of Depression and Bipolar Disorder: New Data on the Use of Atypicals", Sioux Falls Primary Care Physicians, October 9, 2002.

"Treatment Resistance, of Depression and Bipolar Disorder: New Data on the Use of Atypicals", Sioux Falls Primary Care Physicians, November 9, 2002.

Alzheimer's Disease: Advances in Research and Treatment, USD Department of Psychiatry, May 27, 2003.

"Atypical Antipsychotics: Long Term Efficacy", USD Department of Psychiatry, June 24, 2003.

"Quetiapine: Off Label Uses and Rapid Titration Schedule", USD Department of Psychiatry, August 26, 2003.

"Citalopram: New Data on Treatment Effectiveness - Remission vs. Improvement", Regional CME Meeting, Sioux Falls Psychiatrists and Allied Health Professionals, September 30, 2003.

"Safety Profile in Antidepressants", Primary Care Physicians, Mitchell, SD, September 24, 2003.

"Advances in Research and Treatment of Schizophrenia", NAMI, Huron, SD, September 25, 2003.

"Comparing Antidepressant Treatments", Sioux Falls Psychiatrists, September 9, 2003.

"Optimizing a Drug Treatment in Bipolar Disorder, Regional CME Meeting, Columbus, Ohio, October 16, 2003.

FORT MEADE LECTURE SERIES: (1977 - 1988)

"Theories of Psychotherapy", September 15, 1977.

"Chemotherapy", March 16, 1978 & DSM-III, December 21, 1978.

"Treatment Strategies for Somatic Illness", July 26, 1979.

"Oral Habit Disorders: Obesity, Anorexia, Smoking", February 21, 1980.

"Psychological Reactions to Medical Illness", January 21, 1982.

"Chronically Mentally Ill", August 20, 1981.

"Advances in alcohol Treatment", August 19, 1982.

"Office Treatment of Depression", September 15, 1983.

"Dual Diagnosis Problems - Substance Abuse and Schizophrenia", May 17, 1983.

"Outcomes of Incest", February 21, 1985.

"Advances and Research Survey of Research", presentations at 1985 APA Convention, September 19, 1985.

"Outcomes of Incest-USD Study Results", February 20, 1986.

"Impotence", January 15, 1987.

"Depression Update", April 16, 1987.

"Chronic Renal Effects of Lithium Carbonate", September 16, 1987.

"Autoimmune Thyroid Disease-Association with Depression", April 20, 1988.

REFERENCES

David W. Bean, M.D.  
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Sioux Falls, SD 57103

Vail Williams, Ph.D.  
8265 East Southern Avenue #58  
Mesa, AZ 85208

updated: 2008

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP258104188

**AVERA MED GRP UNIVERSITY PSYCH**  
4400 W 69TH ST SUITE 1500  
SIOUX FALLS  
SD 57108-8171  
P#: (605)322-5700

Patient: NAAMBWE,SALA  
DOB: 01/01/1972 F / 46  
Acct: UP0000031726 MR: UP00031504  
Enc: TUP258104188  
Enc Date/Time: 09/13/2018 1515  
Provider: Radigan, Veronica E MD, RES

LSS CLINIC AMB REPORT

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## **PROGRESS NOTE**

Supervising Attending: Dr. Nuss

### **INITIAL EVALUATION NOTE**

#### **IDENTIFICATION**

The patient is a 46-year-old Congolese female from Sioux Falls, South Dakota that presents to Avera UPA clinic for medication management. The patient was last seen in clinic on June 22, 2018. She was previously seen by Dr. Berney.

#### **SOURCE OF INFORMATION**

Information was collected from the patient and the medical record. The patient is a fair historian.

#### **CHIEF COMPLAINT**

"Worry about self". (Psychiatric follow-up for depression with psychotic features, PTSD and anxiety with panic)

#### **HISTORY OF PRESENT ILLNESS**

The patient is a 46-year-old female with a past psychiatric history significant for major depressive disorder with psychotic features, PTSD and anxiety disorder with panic attacks. The patient was last seen by Dr Berney on June 22, 2018. At that time Latuda was discontinued due to cost and she was started on Risperdal 1 mg twice daily. She was continued on Zoloft 100 mg and prazosin 2 mg. Today the patient indicates "worry about self". She is a poor historian in regards to medications and is easily confused. She indicates that she has been taking the Risperdal once in the evening but does not take the medications daily. She reports that she ran out of Zoloft and prazosin and has not been taking them. She indicates concerns for feeling tired and that is why she does not take them every day. She also has concerns about being on medications all of her life so she will skip the medications that time to see if things have improved. Due to language barrier it is difficult to fully illicit a good psychiatric review of systems and history. The patient indicates initially having "a worry about my daughter" including her being raped and other concerns about her safety. She also describes auditory hallucinations consistent with a voice that would say the patient's name. The patient had previously been on Latuda and felt that it was quite effective and feels that symptoms were resolved. Due to cost she was switched to Risperdal and now indicates that the "worry" his back and is more about "myself". She describes having worry about "somebody will kill me" or that somebody is following her such as in her car. She reports that she is "really really scared". She also indicates concerns about her safety and for example "bomb in the house". She indicates frequently having to lock the

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**Patient: NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TUP258104188

doors. She also describes concerned about her food being poisoned especially at work. Reports that she refuses to eat in the cafeteria. She also indicates the food that she does bring she is concerned other employees Poison it so she "I pray before to change to medicine". Indicating that she feels that if she prays that she is able to turn the poison into good medicine. There are many times that she just has to throw the food away due to it being poisoned. She indicates significant paranoia along with some delusional thoughts. A history of auditory hallucinations that essentially resolved being treated with antipsychotics. No significant visual hallucinations other than at times thinking she sees a shadow but then nothing is there.

Patient is not able to describe her mood but denies feeling sad or depressed. She denies any significant problems with sleep, energy, appetite or feelings of hopelessness or worthlessness. She does indicate having "memory problems". She denies any suicidal ideation, plan or intent. She is not able to understand anxiety but describes having essentially excessive worry and being hypervigilant. She also describes experiencing panic attacks that were worse over the last week. They wake her up at night and she feels that her face is covered she cannot breathe and is sweating. Patient also describes having thoughts at night that are very disturbing to her. She also does not tolerate being touched by other individuals even just on her arms. Difficult to assess for PTSD however per history and from what can be gathered highly suspect there is hypervigilance, anxiety, panic attacks, nightmares, recurring memories or even possibly flashbacks related to past trauma. Past trauma includes that the occurred in the refugee camp.

#### PSYCHIATRIC REVIEW OF SYSTEMS

The patient is not able to describe her mood other than discussed how she has a lot of "worry". She does not feel that she is sad or depressed. The patient denies current suicidal and homicidal ideation, plan and intent.

Sleep: Adequate, about 6 hours per night.

Appetite: She indicates concern about her food being poisoned but denies any problems with her appetite.

Energy: She denies any significant change or problem to her energy level.

Interest: She enjoys being with her children.

Guilt: She denies feelings of hopelessness or worthlessness.

Concentration: She describes having "memory problems".

Anxiety: The patient describes excessive worry, affecting her concentration and describes it as "memory problems". She also describes hypervigilance.

Panic Attacks: She describes experiencing panic attacks at night where her face is covered, she cannot breathe, sweating. This has been worse over the last week.

Mania: Denies, screened negative.

Psychosis: Denies any auditory or visual hallucinations. Denies any paranoia.

PTSD: She describes having bad thoughts at night, hypervigilance, excessive worry. Avoidance especially to human interaction. Difficult to accurately assess due to language barrier. Notes indicate a previous diagnosis and symptoms including nightmares, flashbacks and "sensitive to touch".

OCD: Denies any obsessions or compulsions.

Eating Disorders: Denies, screened negative.

ADHD: Denies, screened negative.

#### PAST PSYCHIATRIC HISTORY

Per chart review the patient has a past psychiatric history significant for major depressive disorder with psychotic features, PTSD and anxiety disorder with panic attacks. She reports one episode of suicidal thoughts last year due to maltreatment at work. At that time she had thoughts to drive Yankton and jump out of her car. She denies any suicide attempts or self harming behavior. No

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**Patient: NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TUP258104188

history of homicidal ideation or violence. She has never had an inpatient hospitalization but it has been recommended. Previous outpatient provider was Dr. Berney. No current therapy.

**Medication trials**

Seroquel-sedating

Latuda-effective but expensive

Ativan

Risperdal-only was taking 1 mg but was sedating, not as effective as Latuda but a low-dose

**PAST MEDICAL HISTORY**

The patient has a past medical history significant for hypertension, hypothyroidism and anemia. The patient does not have a known history of seizure, head trauma with loss of consciousness or heart disease. No surgical history.

**ALLERGIES**

Aspirin

**MEDICATIONS**

Zoloft 100 mg

Prazosin 2 mg

Vistaril 50 mg as needed

Risperdal 1 mg twice daily

**SOCIAL HISTORY**

The patient currently lives in Sioux Falls, South Dakota. She has never been married and is single. She is employed at Smithfield. No military service. Highest level of education is sixth grade. She has 8 children in total but for them live with her. The ages span 27-11 years old. Her primary support system is 1 of her daughters.

**SUBSTANCE USE**

She denies any alcohol, illicit drug or tobacco use. No legal history. No history of CD treatment.

**DEVELOPMENTAL HISTORY**

The patient is originally from Congo and moved to the United States in December 2004. Education was up until sixth grade and indicates difficulties with school. The patient denies any history of physical, sexual or emotional abuse however chart review indicates physical abuse in the refugee camp.

**FAMILY HISTORY**

The patient denies any known family history of mental illness, substance abuse or completed suicide.

**MEDICAL REVIEW OF SYSTEMS**

10 point ROS was completed and negative.

**MENTAL STATUS EXAM**

Please see below.

**PHYSICAL EXAM**

Vitals: Weight 80.51 kg, pulse 87, respiratory rate 14, blood pressure 172/110

General: Calm and cooperative. No acute distress.

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Skin: No rashes, abrasions or ecchymoses noted.

Musculoskeletal: No atrophy, EPS, TD or other abnormal movements noted.

Neurologic: Gait and station within normal limits. Deep tendon reflexes intact.

#### SUMMARY

The patient is a 46-year-old female with past psychiatric history significant for major depressive disorder with psychotic features, PTSD and anxiety disorder with panic attacks. The patient was last seen on June 22, 2018 by Dr. Berney and at that time Latuda was discontinued due to cost and she was started on Risperdal 1 mg twice daily. Patient is not able to name her medications or even know what she is taking, does not adhere to proper administration. States she had been taking Risperdal 1 mg at night. She ran out of the Zoloft and prazosin. All she really knows is that Latuda is effective for her. Today she indicates primary concern is "worry about self" and endorses significant paranoia. She feels as though somebody is following her or will harm her. She worries about her house being bombed. She also indicates extensive worry about her food being poisoned. Overall significant for paranoia along with some delusional thinking. History of auditory hallucinations that essentially resolved with antipsychotic treatment. Onset of symptoms is difficult to determine as the patient is not certain and indicates "bad memory". Due to language barrier and makes it difficult to complete and adequate and reliable psychiatric review of systems. Patient's symptoms could be secondary to an underlying psychotic illness such as schizophrenia however could just be due to the severity of PTSD.

#### ASSESSMENT/DSM V DIAGNOSIS

1. Psychotic disorder, unspecified
2. PTSD with panic attacks

#### DIFFERENTIAL DIAGNOSIS

1. Major depressive disorder, severe, with psychotic features
2. Schizophrenia

#### TREATMENT PLAN

- Medical records, labs and imaging reviewed.
- Psychotropic Medications: Discontinue Zoloft and prazosin as the patient was not taking medications. Discontinue Risperdal. Restart Latuda 40 mg to be taken at supper to ensure that she takes this medication properly with enough food. The patient was given Latuda cards to have a reduction in cost.
- Will refer the patient to Southeastern behavioral health as I feel she could benefit from case management.
- Medical: High blood pressure, recently prescribed medication however unsure of exact adherence. Follow-up with PCP.
- Therapy: Not indicated at this time.
- Follow-up: 1 month.
- Current plan was discussed with patient including side effects, risks, benefits and alternatives of medications and treatment. The patient demonstrated understanding and agrees with plan of care at this time.
- Crisis plan was reviewed with the patient to ensure she has resources should any questions or concerns arise. She was given the number to Avera Behavioral Health and UPA Clinic and encouraged to call. The patient was also reminded of 911, 211 and the emergency department for emergencies.
- The patient was seen and evaluated by the attending physician, Dr. Nuss.

#### Clinical Patient Intake

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**Patient: NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TUP258104188

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**Encounter Date/Number**

9/13/18 TUP258104188

**Primary Insurance**

Avera Morrell Care

**Send AveraChart Enrollment Inf:** No

**Nurse**

Sydney M Mullin Sep 13, 2018 15:29.

**Vitals**

**Vitals:**

**Weight** 80.513 kg / 177 lbs 8.000 oz

**Pulse** 87 (Normal: 60 - 100 bpm)

**Respirations** 14 (Normal: 12 - 20)

**Blood Pressure** 172/110 Sitting, Left Arm

**Systolic 172 (H)** (Normal: 100 - 139 mmHg)

**Diastolic 110 (H)** (Normal: 60 - 89 mmHg)

**Visit Reason:** Psychiatric Follow Up

**Depression Screen (18Y+)**

**Date performed:** Jun 22, 2018

**Not performed:** Due to: Patient declined

**Allergies**

**Allergies:**

**Coded Allergies:**

aspirin (Verified Allergy, Severe, Unknown, 5/29/18)

**Medication History**

**Medications Last Reconciled on 9/13/18 17:07 by Veronica E Radigan, MD**

**Lurasidone** (Latuda) 40 Mg Tablet

1 TAB PO BEDTIME, #30 TAB 3 Refills

Prov: Radigan,Veronica E MD, RES

9/13/18

**Gabapentin** (Neurontin) 300 Mg Capsule

300 MG PO TID, #90 CAP 5 Refills

Prov: Berney,Heather J MD, RES

6/22/18

**Methylprednisolone** (Medrol Dose Pack) 4 Mg Tab.ds.pk

0 PO UD, #21 TAB 0 Refills

Prov: Olson,Kalee M PA-C

5/29/18

**Cyclobenzaprine** (Cyclobenzaprine) 5 Mg Tablet

1 TAB PO TID for Muscle Spasm, #30 TAB 0 Refills

Prov: Olson,Kalee M PA-C

5/29/18

**Lisinopril/Hydrochlorothiazide** (Lisinopril/Hydrochlorothiazide) 20 Mg/12.5 Mg Tablet

1 TAB PO DAILY, #30 TAB 0 Refills

Prov: Olson,Kalee M PA-C

5/17/18

**Levothyroxine** (Levothyroxine) 50 Mcg Tablet

1 TAB PO DAILY for Thyroid, #30 TAB 0 Refills

Prov: Olson,Kalee M PA-C

5/17/18

**Naproxen** (Naproxen) 500 Mg Tablet

1 TAB PO BID PRN for PAIN, #60 TAB

Prov: Knutson,Tricia L MD

1/18/18

**Estradiol** (Estradiol) 1 Mg Tablet

1 TAB PO DAILY, #10 TAB 0 Refills

Prov: Knutson,Tricia L MD

1/18/18

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Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP258104188

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**Ferrous Sulfate** (Ferrous Sulfate) 325 Mg (65 Mg Iron) Tablet

1 TAB PO DAILY for Iron Replacement, #30 TAB 3 Refills

Prov: Olson,Kalee M PA-C

11/17/17

**Naproxen** (Naproxen) 500 Mg Tablet

1 TAB PO BID, #30 TAB 0 Refills

Prov: Olson,Kalee M PA-C

8/17/17

**Tobacco Use**

Smoking status: Never smoker

Does anyone in your home smoke: No

**Learning Preferences**

Learning barriers: Cultural, Language

Readiness to learn: Ready to learn

Learning preferences: Verbal explanation

**Pain**

Pt experiencing pain: Yes

Pain Location: Bilateral Headache

Present Level of Pain: 7/10 Severe

**Safety**

In abusive relationship: No

Other Safety Concerns: Yes

**Additional Intake**

Current therapy/counseling: No

Intake by

Sydney M Mullin Sep 13, 2018 15:29.

**Past, Family & Social History**

**Past Medical History**

Medical history: Yes

Psychiatric: Anxiety

**Past Surgical History**

Surgical history: No

**Social History**

Social history:

Marital status: Married

Occupation: Morrells, flips meat day shift

Travel history: live in SF x 1yr, B&R Congo, Africa came to U.S. in 2004

**Alcohol Use**

Alcohol intake: None

**Caffeine Use**

Caffeine Use: None

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Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP258104188

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### **Substance Use**

**Substance use:** Denies use

### **HPI**

### **Social History**

#### **Social history:**

**Marital status:** Married

**Occupation:** Morrells, flips meat day shift

**Travel history:** live in SF x 1yr, B&R Congo, Africa came to U.S. in 2004

### **Alcohol/Substances**

**Alcohol intake:** None

**Substance use:** Denies use

### **Caffeine Use**

**Caffeine Use:** None

**Psychiatric:** Anxiety

### **Suicide Risk Assessment**

**Suicide Risk Factors:** Denies: Thoughts of self-harm, Intent to harm self, Plan to harm self, Means of carrying out, Feelings of hopelessness, Feelings of helplessness, Suicidal ideation, Suicide attempts, Family hx (SI & attempts)

### **History of Suicide**

**Patient Hx (SI and attempts)**

History of SI about one year ago.

**Family Hx (attempts)**

None

### **Other Risk Factors**

**Current Psychosocial Stressors:** Employment, Finances, Other (Cultural)

### **Protective Factors**

**Future Plans:** Yes

**Support Systems:** Family

**Cultural/Religious Beliefs:** Faith in God or higher being

**Reason for living:** Children

### **Assessment**

**Current Risk Potential:** Low

**Provided pt/family:** w/emergency telephone numbers

**Suicide Risk Potential:** No intervention indicated

### **Mental Status Exam**

**Vital Signs/Nurse notes:** Reviewed

**Appearance:** Well nourished

**Behavior:** Cooperative, Other (Initially guarded but opened up more after comfortable)

**Speech:** Clear, non-pressured

**Psychomotor Activity:** Normal

**Mood:** Worried

**Affect:** Congruent, Restricted, Downcast

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Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP258104188

**Thought Process:** Goal directed

**Thought Content:** Yes: Delusions, Paranoia, No: Suicidal ideation, Homicidal ideation, Hallucinations, Respond to internal stimuli, Obsessions, Compulsions, Other

**Sensorium:** Alert

**Orientation:** Oriented x4

**Memory:** Grossly intact

**Attention:** Fair

**Fund of Knowledge:** Below average

**Intelligence:** Below average

**Insight:** Other (Limited)

**Judgement:** Other (Limited)

**Musculoskeletal:** No abnormal movements, Steady gait, Steady station

### **Assessment/Plan**

**Ambulatory assessment/plan:**

**Unspecified psychosis**

**PTSD (post-traumatic stress disorder)**

### **Additional Plan Details**

**New Medications**

- **Lurasidone (Latuda) 40 MG TABLET:** 1 TAB PO BEDTIME #30 Ref 3  
Instructions: Take with food

**Discontinued Medications**

- **Sertraline Hcl (Zoloft) 100 MG TABLET:** 100 MG PO DAILY #30 Ref 6  
Reason: Patient Choice
- **hydroxyzine Pamoate (Vistaril) 50 MG CAPSULE:** 50 MG PO 6H PRN ANXIETY #120 Ref 5  
Reason: Patient Choice
- **Prazosin 2 MG CAPSULE:** 2 MG PO HS #30 Ref 4  
Instructions: take one capsule at bedtime FOR NIGHTMARES.  
Reason: Patient Choice
- **Risperidone (Risperdal) 1 MG TABLET:** 1 MG PO BID #60 Ref 5  
Reason: Patient Choice

### **Coding**

**E&M New Patient:** performed New Patient Visit - 99205

cc: ; ;

Veronica E Radigan MD, RES  
PSYCHIATRY  
SANFORD SCHOOL OF MEDICINE

Robert F Nuss MD  
PSYCHIATRY  
AVERA MED GRP UNIV PSYCH ASSOC

Meditech report ID number: 0913-4023 Facility: UPA AMB

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Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP258104188

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Meditech report ID number: 0913-4023 Facility: UPA AMB

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Draft

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP246722676

**AVERA MED GRP UNIVERSITY PSYCH**  
4400 W 69TH ST SUITE 1500  
SIOUX FALLS  
SD 57108-8171  
P#: (605)322-5700

Patient: NAAMBWE,SALA  
DOB: 01/01/1972 F / 46  
Acct: UP0000031726 MR: UP00031504  
Enc: TUP246722676  
Enc Date/Time: 06/22/2018 1530  
Provider: Berney, Heather J MD, RES

LSS CLINIC AMB REPORT

<Electronically signed by Heather J Berney MD, RES> 06/29/18 1030

<Electronically signed by Vinod S Bhatara MD> 06/29/18 1741

### **PROGRESS NOTE**

PATIENT NAME: NAAMBWE, SALA  
ENC#: TUP246722676  
DATE OF BIRTH: 01/01/1972  
DATE OF SERVICE: 06/22/2018  
DICTATED BY: Heather Berney, MD, Psychiatry Resident  
ATTENDING: Vinod Bhatara, MD

### **CLINIC PROGRESS NOTE**

IDENTIFICATION DATA: This patient is a 46-year-old married, employed, Congolese woman who carries working psychiatric diagnoses including major depressive disorder with psychotic features and PTSD. The patient was most recently seen in clinic by myself on April 24, 2018.

### **CURRENT PSYCHOTROPICS:**

1. Latuda 40mg q.p.m. with food.
2. Vistaril 50 mg q.6h. p.r.n. anxiety.
3. Prazosin 2 mg q.h.s.
4. Zoloft 100 mg daily.

INTERVAL HISTORY: Sala says that she has done well on the Latuda. She says "the thoughts about my son and my daughter went away." The patient had voiced concern in the past that her son was going to rape her daughter, as she described this among many other delusions. These symptoms did get better with Seroquel, but the patient had struggled with significant fatigue. Sala says that Latuda has had the same effect but without making her excessively tired. The only bad part is that the medication is exceedingly expensive. She says that her insurance covers about \$1300 per month, but that she must still come up with \$250 per month. She says "it works great. If I don't take it, I see crazy things, but if I do take it I am fine." The patient does hint that she does not take her medication on a daily basis, saying "I can't image taking a pill every day. Am I supposed to take them every day for the rest of my life??"

The patient says that she is still struggling with depression and says that she often cries. She also describes loneliness and feeling bad about herself. She says "I hate looking in the mirror." The patient says that she is sleeping adequately.

### **MENTAL STATUS EXAMINATION:**

Meditech report ID number: 0626-0376 Facility: UPA AMB

Signed

**Patient: NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TUP246722676

**GENERAL APPEARANCE, BEHAVIOR, AND ATTITUDE:** Sala is a well-appearing 46-year-old female who appears her stated age or perhaps younger. She does appear to be doing well and has a more youthful and bright appearance about her. She also does not have the watchful/skeptical look about her that she has in the past appointments. The patient makes no delusional or paranoid statements today. Hygiene is good.

**EYE CONTACT:** Good.

**SPEECH:** Clear and non-pressured.

**PSYCHOMOTOR ACTIVITY:** Within normal limits.

**MOOD:** Neutral.

**AFFECT:** Full and congruent with mood and brighter than I have seen in the past.

**THOUGHT PROCESS:** Coherent and logical.

**THOUGHT CONTENT:** Negative for suicidal and homicidal ideation, auditory, and visual hallucinations, delusions, obsessions, compulsions, and paranoia. The patient does not appear to be responding to internal stimuli at this time.

**SENSORIUM:** Alert and clear.

**ORIENTATION:** Oriented x4.

**MEMORY:** Grossly intact.

**ATTENTION:** Fair to good.

**FUND OF KNOWLEDGE:** Average.

**INTELLIGENCE:** Average.

**INSIGHT:** Improving.

**JUDGMENT:** Fair.

**MUSCULOSKELETAL:** No abnormal movements.

**ASSESSMENT:**

1. Major depressive disorder, recurrent, moderate with psychotic features.
2. PTSD, unspecified.
3. Anxiety disorder with panic.
4. Hypertension.

**DIFFERENTIAL DIAGNOSES:**

1. Paranoid personality disorder.
2. Delusional disorder.
3. Psychosis, not otherwise specified.

**TREATMENT PLAN:**

1. **PSYCHOTROPICS:** Discontinue Latuda but note that the medication worked very well and had a favorable side effect profile but the medication is simply too expensive. In its place, we will initiate a trial of Risperdal 1 mg b.i.d. for paranoia and delusions and possibly auditory hallucinations. It seems difficult to delineate between thoughts and "voices" for this patient. Once the patient has adapted to this, recommend increasing Zoloft to 150 mg, but will defer for now. Continue Vistaril and prazosin as written above.
2. **MEDICAL:** Nothing acute. The patient is encouraged to follow with Dr. Knutson as needed.
3. **THERAPY:** This patient could likely benefit from therapy given self-esteem problems. That said, it might be best to stabilize any psychosis before heading that route.
4. The patient is asked to return to clinic in two months.
5. The case is discussed with Dr. Bhatara who is in agreement with the plan.
6. The plan is discussed with the patient who is in agreement and denies questions or concerns. She also agrees to contact this clinic, 211, 911, or an emergency department should she experience worsening symptoms or side effects that lead her to feel unsafe.

Meditech report ID number: 0626-0376 Facility: UPA AMB

Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP246722676

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Heather Berney, MD, Psychiatry Resident  
Vinod Bhatara, MD, HB/ss DD-06/22/18 DT-06/23/18I

IDENTIFICATION DATA: This patient is a 46-year-old married, employed, Congolese woman who carries working psychiatric diagnoses including major depressive disorder with psychotic features and PTSD. The patient was most recently seen in clinic by myself on April 24, 2018.

**CURRENT PSYCHOTROPICS:**

1. Latuda as directed
2. Vistaril 50 mg q.6h. p.r.n. anxiety.
3. Prazosin 2 mg q.h.s.
4. Zoloft 100 mg daily.

INTERVAL HISTORY: Sala says that she has done well on the Latuda. She says "the thoughts about my son and my daughter went away." The patient had voiced concern in the past that her son was going to rape her daughter, as she described this among many other delusions. These symptoms did get better with Seroquel, but the patient had struggled with significant fatigue. Sala says that Latuda has had the same effect but without making her excessively tired. The only bad part is that the medication is exceedingly expensive. She says that her insurance covers about \$1300 per month, but that she must still come up with \$250 per month. She says "it works great. If I don't take it, I see crazy things, but if I do take it I am fine." The patient does hint that she does not take her medication on a daily basis, saying "I can't image taking a pill every day. Am I supposed to take them every day for the rest of my life??"

The patient says that she is still struggling with depression and says that she often cries. She also describes loneliness and feeling bad about herself. She says "I hate looking in the mirror." The patient says that she is sleeping adequately.

**MENTAL STATUS EXAMINATION:**

GENERAL APPEARANCE, BEHAVIOR, AND ATTITUDE: Sala is a well-appearing 46-year-old female who appears her stated age or perhaps younger. She does appear to be doing well and has a more youthful and bright appearance about her. She also does not have the watchful/skeptical look about her that she has in the past appointments. The patient makes no delusional or paranoid statements today.

Hygiene is good.

EYE CONTACT: Good.

SPEECH: Clear and non-pressured.

PSYCHOMOTOR ACTIVITY: Within normal limits.

MOOD: Neutral.

AFFECT: Full and congruent with mood and brighter than I have seen in the past.

THOUGHT PROCESS: Coherent and logical.

THOUGHT CONTENT: Negative for suicidal and homicidal ideation, auditory, and visual hallucinations, delusions, obsessions, compulsions, and paranoia. The patient does not appear to be responding to internal Meditech report ID number: 0626-0376 Facility: UPA AMB

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Signed



Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP246722676

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stimuli at this time.

SENSORIUM: Alert and clear.

ORIENTATION: Oriented x4.

MEMORY: Grossly intact.

ATTENTION: Fair to good.

FUND OF KNOWLEDGE: Average.

INTELLIGENCE: Average.

INSIGHT: Improving.

JUDGMENT: Fair.

MUSCULOSKELETAL: No abnormal movements.

#### ASSESSMENT:

1. Major depressive disorder, recurrent, moderate with psychotic features.
2. PTSD, unspecified.
3. Anxiety disorder with panic.
4. Hypertension.

#### DIFFERENTIAL DIAGNOSES:

1. Paranoid personality disorder.
2. Delusional disorder.
3. Psychosis, not otherwise specified.

#### TREATMENT PLAN:

1. PSYCHOTROPICS: Discontinue Latuda but note that the medication worked very well and had a favorable side effect profile but said the medication is simply too expensive. In its place, we will initiate a trial of Risperdal 1 mg b.i.d. for paranoia and delusions and possibly auditory hallucinations. It seems difficult to delineate between thoughts and "voices" for this patient. Once the patient has adapted to this, recommend increasing Zoloft to 150 mg, but will defer for now. Continue Vistaril and prazosin as written above.
2. MEDICAL: Nothing acute. The patient is encouraged to follow with Dr. Knutson as needed.
3. THERAPY: This patient could likely benefit from therapy given self-esteem problems. That said, it might be best to stabilize any psychosis before heading that route.
4. The patient is asked to return to clinic in two months.
5. The case is discussed with Dr. Bhatara who is in agreement with the plan.
6. The plan is discussed with the patient who is in agreement and denies questions or concerns. She also agrees to contact this clinic, 211, 911, or an emergency department should she experience worsening symptoms or side effects that lead her to feel unsafe.

#### SUPERVISORY NOTE

I evaluated this patient in conjunction with Dr. Berney (resident in psychiatry), with whom I discussed this patient. Further, I reviewed patient's mental status, including appearance, grooming, speech, behavior, psychomotor activity, mood, affect, thought production and associations, thought content, attention/concentration and insight/judgment. I reviewed and discussed patient history, presenting problem, medications, assessment, medication decision making, overall treatment plan and mitigation strategies, benefits, risks and alternatives, and follow-up plans with resident.

Meditech report ID number: 0626-0376 Facility: UPA AMB

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Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP246722676

Overall, I agree with the resident report as noted, above involving findings, assessment, medical decision making, and treatment plan with the following additions /comments. The pt is not showing any major medication side effect. The risk of self-harm or harm to others in short-term is assessed to be low. The risk evaluation and mitigation based on evaluation and with a safety plan has been addressed in the resident report above.

### Clinical Patient Intake

#### Encounter Date/Number

6/22/18 TUP246722676

#### Primary Insurance

Avera Morrell Care

Send AveraChart Enrollment Inf: No

#### Nurse

Audrey L Shedd Jun 22, 2018 15:31.

Visit Reason: Psychiatric Follow Up

### Depression Screen (18Y+)

Date performed: Jun 22, 2018

PHQ-9:

PHQ-9	Response (Comments)	Value
Little interest/pleasure in doing things	1 (Several days)	1
Feeling down, depressed, hopeless	2 (More than half the days)	2
Trouble w/sleep too little or too much	2 (More than half the days)	2
Tired/Little energy	3 (Nearly every day)	3
Poor appetite or overeating	0 (Not at all)	0
Feeling bad/failure/let down	3 (Nearly every day)	3
Trouble concentrating	1 (Several days)	1
Moving/speaking slow or being fidgety/restless	0 (Not at all)	0
Thoughts of being better off dead or of hurting self	2 (More than half the days)	2
Difficulty problems cause patient	Somewhat difficult	
Total		14

Depression Screening results: Indicated: Positive (>9) and

### Allergies

#### Allergies:

#### Coded Allergies:

aspirin (Verified Allergy, Severe, Unknown, 5/29/18)

### Medication History

Medications Last Reconciled on 5/29/18 09:52 by Jennifer J Williams, RN

Methylprednisolone (Medrol Dose Pack) 4 Mg Tab.ds.pk

0 PO UD, #21 TAB 0 Refills

Prov: Olson,Kalee M PA-C

5/29/18

Cyclobenzaprine (Cyclobenzaprine) 5 Mg Tablet

1 TAB PO TID for Muscle Spasm, #30 TAB 0 Refills

Prov: Olson,Kalee M PA-C

5/29/18

Lisinopril/Hydrochlorothiazide (Lisinopril/Hydrochlorothiazide) 20 Mg/12.5 Mg Tablet

1 TAB PO DAILY, #30 TAB 0 Refills

Prov: Olson,Kalee M PA-C

5/17/18

Meditech report ID number: 0626-0376 Facility: UPA AMB

Signed

Patient: **NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TUP246722676

<b>Levothyroxine</b> (Levothyroxine) 50 Mcg Tablet 1 TAB PO DAILY for Thyroid, #30 TAB 0 Refills Prov: Olson,Kalee M PA-C	5/17/18
<b>Lurasidone</b> (Latuda) 40 Mg Tablet 1 TAB PO BEDTIME, #30 TAB 5 Refills Prov: Berney,Heather J MD, RES	4/24/18
<b>Prazosin</b> (Prazosin) 2 Mg Capsule 2 MG PO HS, #30 CAP 4 Refills Prov: Berney,Heather J MD, RES	4/24/18
<b>hydroXYZine Pamoate</b> (Vistaril) 50 Mg Capsule 50 MG PO 6H PRN for ANXIETY, #120 CAP 5 Refills Prov: Berney,Heather J MD, RES	4/24/18
<b>Sertraline Hcl</b> (Zoloft) 100 Mg Tablet 100 MG PO DAILY, #30 TAB 6 Refills Prov: Berney,Heather J MD, RES	4/24/18
<b>Naproxen</b> (Naproxen) 500 Mg Tablet 1 TAB PO BID PRN for PAIN, #60 TAB Prov: Knutson,Tricia L MD	1/18/18
<b>Estradiol</b> (Estradiol) 1 Mg Tablet 1 TAB PO DAILY, #10 TAB 0 Refills Prov: Knutson,Tricia L MD	1/18/18
<b>Ferrous Sulfate</b> (Ferrous Sulfate) 325 Mg (65 Mg Iron) Tablet 1 TAB PO DAILY for Iron Replacement, #30 TAB 3 Refills Prov: Olson,Kalee M PA-C	11/17/17
<b>Naproxen</b> (Naproxen) 500 Mg Tablet 1 TAB PO BID, #30 TAB 0 Refills Prov: Olson,Kalee M PA-C	8/17/17

### **Tobacco Use**

**Smoking status:** Never smoker

**Does anyone in your home smoke:** No

### **Learning Preferences**

**Learning barriers:** Cultural, Language

**Readiness to learn:** Ready to learn

**Learning preferences:** Verbal explanation

### **Additional Intake**

**Intake by**

Audrey L Shedd Jun 22, 2018 15:31.

### **Past, Family & Social History**

#### **Past Medical History**

**Medical history:** Yes

**Psychiatric:** Anxiety

#### **Past Surgical History**

**Surgical history:** No

#### **Social History**

**Social history:**

Meditech report ID number: 0626-0376 Facility: UPA AMB

Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP246722676

**Marital status:** Married

**Occupation:** Morrells, flips meat day shift

**Travel history:** live in SF x 1yr, B&R Congo, Africa came to U.S. in 2004

### **Alcohol Use**

**Alcohol intake:** None

### **Caffeine Use**

**Caffeine Use:** None

### **Substance Use**

**Substance use:** Denies use

### **HPI**

#### **Social History**

**Social history:**

**Marital status:** Married

**Occupation:** Morrells, flips meat day shift

**Travel history:** live in SF x 1yr, B&R Congo, Africa came to U.S. in 2004

### **Alcohol/Substances**

**Alcohol intake:** None

**Substance use:** Denies use

### **Caffeine Use**

**Caffeine Use:** None

**Psychiatric:** Anxiety

### **Mental Status Exam**

#### **Depression Screen (18Y+)**

Feb 20, 2018

### **Assessment/Plan**

**Ambulatory assessment/plan:**

#### **Additional Plan Details**

**New Medications**

- **Risperidone (Risperdal) 1 MG TABLET:** 1 MG PO BID #60 Ref 5
- **Gabapentin (Neurontin) 300 MG CAPSULE:** 300 MG PO TID #90 Ref 5

**Discontinued Medications**

- **Lurasidone (Latuda) 40 MG TABLET:** 1 TAB PO BEDTIME #30 Ref 5

Instructions: Take with food

Reason: High cost

cc: ; :

Heather J Berney MD, RES  
PSYCHIATRY  
AVERA BEHAVIORAL HEALTH

Meditech report ID number: 0626-0376 Facility: UPA AMB

Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP246722676

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Vinod S Bhatara MD  
PSYCHIATRY  
AVERA MED GRP UNIV PSYCH ASSOC

<Electronically signed by Heather J Berney MD, RES> 06/29/18 1030

<Electronically signed by Vinod S Bhatara MD> 06/29/18 1741

Meditech report ID number: 0626-0376 Facility: UPA AMB

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Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP238409870

**AVERA MED GRP UNIVERSITY PSYCH**  
4400 W 69TH ST SUITE 1500  
SIOUX FALLS  
SD 57108-8171  
P#: (605)322-5700

Patient: NAAMBWE,SALA  
DOB: 01/01/1972 F / 46  
Acct: UP0000031726 MR: UP00031504  
Enc: TUP238409870  
Enc Date/Time: 04/24/2018 1330  
Provider: Berney, Heather J MD, RES

LSS CLINIC AMB REPORT

<Electronically signed by Heather J Berney MD, RES> 05/29/18 1510

<Electronically signed by William C Fuller MD> 05/31/18 1904

**PROGRESS NOTE**

PATIENT NAME: NAAMBWE, SALA  
ENC#: TUP238409870  
DATE OF BIRTH: 01/01/1972  
DATE OF SERVICE: 04/24/2018  
DICTATED BY: Heather Berney, MD, Psychiatry Resident  
ATTENDING: William Fuller, MD

CLINIC PROGRESS NOTE

IDENTIFICATION DATA: This patient is a 46-year-old married, employed, Congolese woman who a working psychiatric diagnosis of major depressive disorder with psychotic features and PTSD. The patient was most recently seen in clinic by myself on 01/19/2018.

CURRENT PSYCHOTROPICS:

1. Prazosin 2 mg q.h.s.
2. Seroquel 100 mg q.h.s. (the patient taking intermittently).
3. Zoloft 100 mg daily.
4. Vistaril 50 mg q.6h p.r.n. anxiety.

INTERVAL HISTORY: Sala says that the medication that was provided for her (Seroquel 100 mg) has been very helpful for her in the sense that it has relieved a lot of anxiety and has "stopped the bad thoughts." Sala says that she is typically preoccupied with wondering what others are thinking about her and wondering what others might do to her. For example, Sala explains having the thought that her son was going to rape her daughter. Sala explains that she knows that this is perhaps a ridiculous thought, but cannot help but explore it and wonder if it is in fact true. Sala had an incidence of sexual harassment in her office and the perpetrator was sent to a different department in the company. She says since that time "whenever I see him, I wonder if he is going to kill me." Another striking example is that Sala has had a stomachache for a couple of days. She says "I think the people in the cafeteria are poisoning my food." She describes multiple other paranoid themes. Sala says that the Seroquel is very helpful in alleviating these symptoms, but says that it makes her very tired. She says "I take it once every three days. When I first take it, I have to sleep for about 36 hours and then I feel good for another two days and then I get back to the bad thoughts." She is interested in continuing with a medication with a similar effect that does not result in this level of sedation.

Meditech report ID number: 0425-0366 Facility: UPA AMB

Signed



**Patient: NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TUP238409870

**PSYCHIATRIC REVIEW OF SYSTEMS:** Sala says that when she is taking the Seroquel, she feels much better. She says "I am not angry or yelling and it helps with my concentration and I do better at work." As described above, the patient makes many statements suggestive of paranoia, though she does deny being paranoid herself. She says "you don't know for sure that I am wrong, maybe they did poison my food." She denies feeling as though she is depressed. She says that she sleeps adequately and sleeps well, in fact too well when she takes the Seroquel. She denies suicidal and homicidal ideation and she denies auditory and visual hallucinations.

**MENTAL STATUS EXAMINATION:**

**GENERAL APPEARANCE, BEHAVIOR, AND ATTITUDE:** Sala is a well-appearing 46-year-old female who does appear to be approximately her stated age. The patient is cooperative with question, but is watchful. The patient makes multiple statements that could be interpreted as paranoid or delusional. None of the delusional statements are thought to be dangerous in nature. Hygiene is good.

**EYE CONTACT:** Good.

**SPEECH:** Clear and non-pressured.

**PSYCHOMOTOR ACTIVITY:** Within normal limits.

**MOOD:** Neutral.

**AFFECT:** Full and congruent with mood.

**THOUGHT PROCESS:** Linear.

**THOUGHT CONTENT:** Positive for paranoia and delusional thinking. Negative for auditory and visual hallucinations. Negative for suicidal and homicidal ideation. The patient does not appear to be responding to internal stimuli at the time of this exam.

**SENSORIUM:** Alert and clear.

**ORIENTATION:** Oriented x4.

**MEMORY:** Grossly intact.

**ATTENTION:** Fair.

**FUND OF KNOWLEDGE:** Average.

**INTELLIGENCE:** Average.

**INSIGHT:** Limited.

**JUDGMENT:** Fair.

**MUSCULOSKELETAL:** No abnormal movements.

**ASSESSMENT:**

1. Major depressive disorder, recurrent, moderate with psychotic features.
2. PTSD, unspecified.
3. Anxiety disorder with panic.
4. Hypertension.

**DIFFERENTIAL DIAGNOSES:**

1. Paranoid personality disorder.
2. Delusional disorder.
3. Psychosis, not otherwise specified.

**TREATMENT PLAN:**

1. **PSYCHOTROPICS:** Discontinue Seroquel, but note that this medication has been effective in alleviating paranoid and anxious symptoms. We will instead switch to Latuda 40 mg q.p.m. with food as it does not lead to sedation and is weight neutral. Target symptoms are paranoia, delusional thinking, anxiety and anger. Continue Zoloft 100 mg daily. Continue Prazosin at 2 mg q.h.s. and continue Vistaril 50 mg q.6h p.r.n. anxiety.
2. **MEDICAL:** The patient is encouraged to continue to follow closely with her PCP Dr. Knutson.

Meditech report ID number: 0425-0366 Facility: UPA AMB

Signed

**Patient: NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TUP238409870

3. THERAPY: This topic was not discussed. The patient voices no interest in individual therapy.
4. The patient is asked to return to clinic in two months.
5. The case is discussed with Dr. Fuller who is in agreement with the plan.
6. The plan is also discussed with the patient who is in agreement and denies questions or concerns. She also agrees to contact this clinic, 211, 911, or an emergency department should she experience worsening symptoms or side effects that lead her to feel unsafe.

Heather Berney, MD, Psychiatry Resident  
William Fuller, MD, HB/mm DD-04/24/18 DT-04/25/18

**SUPERVISORY NOTE: WILLIAM FULLER MD**

Ms. Naambwe is a 46 y.o. female patient who is being followed for recurrent major depression and PTSD. I saw Ms. Naambwe with Dr. Berney for supervisory purposes. The patient presents for evaluation, medical management, and therapies as necessary. Ms. Naambwe was seen face to face by this physician and the treating resident physician. The patient's diagnosis, presenting complaint, treatment plan, and follow up were discussed in detail. The patient's currently prescribed medications, past medication history, and chart were also reviewed. I assessed the patient's mental status and discussed this with the resident. This included observations about general appearance, psychomotor activity, speech, mood, affect, thought content, thought process, insight, and judgment. I agree with the resident's assessment, mental status exam, treatment planning and follow-up as documented. I have reviewed the chart documentation and revised it as necessary. I have discussed the treatment plan with both resident and patient. Benefits, risks, and safety issues, were also discussed with both resident and patient.

**Clinical Patient Intake**

**Encounter Date/Number**

4/24/18 TUP238409870

**Primary Insurance**

Avera Morrell Care

**Send AveraChart Enrollment Inf:** No

**Nurse**

Lisa L Hahn, RN Apr 24, 2018 13:34.

**Visit Reason:** Psychiatric Follow Up

**Depression Screen (18Y+)**

**Date performed:** Apr 24, 2018

**Depression Screening results:** Indicated: Positive (>9) and

**Allergies**

**Allergies:**

**Coded Allergies:**

aspirin (Verified Allergy, Severe, Unknown, 1/18/18)

**Medication History**

**Medications Last Reconciled on 1/18/18 3:21 pm by Gala M Woitte, RN**

**QUetiapine (SEROquel) 100 Mg Tablet**

Meditech report ID number: 0425-0366 Facility: UPA AMB

Signed

Patient: **NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TUP238409870

1 TAB PO HS, #30 TAB 5 Refills	
Prov: Berney,Heather J MD, RES	1/19/18
<b>Prazosin</b> (Prazosin) 2 Mg Capsule	
2 MG PO HS, #30 CAP 4 Refills	
Prov: Berney,Heather J MD, RES	1/19/18
<b>Naproxen</b> (Naproxen) 500 Mg Tablet	
1 TAB PO BID PRN for PAIN, #60 TAB	
Prov: Knutson,Tricia L MD	1/18/18
<b>Estradiol</b> (Estradiol) 1 Mg Tablet	
1 TAB PO DAILY, #10 TAB 0 Refills	
Prov: Knutson,Tricia L MD	1/18/18
<b>Ferrous Sulfate</b> (Ferrous Sulfate) 325 Mg (65 Mg Iron) Tablet	
1 TAB PO DAILY for Iron Replacement, #30 TAB 3 Refills	
Prov: Olson,Kalee M PA-C	11/17/17
<b>hydroXYZine Pamoate</b> (Vistaril) 50 Mg Capsule	
50 MG PO 6H PRN for ANXIETY, #120 CAP 5 Refills	
Prov: Gaines,Robin A MD, RES	11/14/17
<b>Sertraline Hcl</b> (Zoloft) 100 Mg Tablet	
100 MG PO DAILY, #30 TAB 6 Refills	
Prov: Gaines,Robin A MD, RES	11/14/17
<b>Levothyroxine</b> (Levothyroxine) 50 Mcg Tablet	
1 TAB PO DAILY for Thyroid, #30 TAB 5 Refills	
Prov: Olson,Kalee M PA-C	11/6/17
<b>Lisinopril/Hydrochlorothiazide</b> (Lisinopril/Hydrochlorothiazide) 20 Mg/12.5 Mg Tablet	
1 TAB PO DAILY, #30 TAB 5 Refills	
Prov: Olson,Kalee M PA-C	11/6/17
<b>Naproxen</b> (Naproxen) 500 Mg Tablet	
1 TAB PO BID, #30 TAB 0 Refills	
Prov: Olson,Kalee M PA-C	8/17/17

### **Tobacco Use**

**Smoking status:** Never smoker

**Does anyone in your home smoke:** No

### **Learning Preferences**

**Learning barriers:** Cultural, Language

**Readiness to learn:** Ready to learn

**Learning preferences:** Verbal explanation

### **Additional Intake**

**Intake by**

Lisa L Hahn, RN Apr 24, 2018 13:34.

### **Past, Family & Social History**

#### **Past Medical History**

**Medical history:** Yes

**Psychiatric:** Anxiety

#### **Past Surgical History**

**Surgical history:** No

Meditech report ID number: 0425-0366 Facility: UPA AMB

Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP238409870

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## Social History

### Social history:

**Marital status:** Married

**Occupation:** Morrells, flips meat day shift

**Travel history:** live in SF x 1yr, B&R Congo, Africa came to U.S. in 2004

## Alcohol Use

**Alcohol intake:** None

## Caffeine Use

**Caffeine Use:** None

## Substance Use

**Substance use:** Denies use

## HPI

### Social History

#### Social history:

**Marital status:** Married

**Occupation:** Morrells, flips meat day shift

**Travel history:** live in SF x 1yr, B&R Congo, Africa came to U.S. in 2004

## Alcohol/Substances

**Alcohol intake:** None

**Substance use:** Denies use

## Caffeine Use

**Caffeine Use:** None

**Psychiatric:** Anxiety

## Mental Status Exam

### Depression Screen (18Y+)

Feb 20, 2018

## Assessment/Plan

### Ambulatory assessment/plan:

**Major depressive disorder, recurrent episode with mood-congruent psychotic features**

**PTSD (post-traumatic stress disorder)**

### Additional Plan Details

#### New Medications

- **Lurasidone (Latuda) 40 MG TABLET:** 1 TAB PO BEDTIME #30 Ref 5

Instructions: Take with food

#### Renewed Medications

- **Sertraline Hcl (Zoloft) 100 MG TABLET:** 100 MG PO DAILY #30 Ref 6
- **hydroXYZine Pamoate (Vistaril) 50 MG CAPSULE:** 50 MG PO 6H PRN ANXIETY #120 Ref 5
- **Prazosin 2 MG CAPSULE:** 2 MG PO HS #30 Ref 4

Instructions: take one capsule at bedtime FOR NIGHTMARES.

**Face to face time with patient:** 30 minutes

Meditech report ID number: 0425-0366 Facility: UPA AMB

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Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP238409870

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**Coding**

**E&M EST Patient Visit:** performed Est Patient Visit - 99213

CC: ; ;

Heather J Berney MD, RES  
PSYCHIATRY  
AVERA BEHAVIORAL HEALTH

William C Fuller MD  
PSYCHIATRY  
AVERA MED GRP UNIV PSYCH ASSOC

<Electronically signed by Heather J Berney MD, RES> 05/29/18 1510

<Electronically signed by William C Fuller MD> 05/31/18 1904

Meditech report ID number: 0425-0366 Facility: UPA AMB

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Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP193011616

**AVERA MED GRP UNIVERSITY PSYCH**  
4400 W 69TH ST SUITE 1500  
SIOUX FALLS  
SD 57108-8171  
P#: (605)322-5704

Patient: NAAMBWE,SALA  
DOB: 01/01/1972 F / 45  
Acct: UP0000031726 MR: UP00031504  
Enc: TUP193011616  
Enc Date/Time: 05/16/2017 1215  
Provider: Makar, Ann A MD, RES

LSS CLINIC AMB REPORT

<Electronically signed by Ann A Makar MD, RES> 06/14/17 1454

<Electronically signed by William C Fuller MD> 06/27/17 0910

### **PROGRESS NOTE**

IDENTIFICATION DATA: The patient is a 45-year-old married Congolese woman from Sioux Falls, South Dakota. She is here for follow up from last week, for psychotic symptoms.

#### **SUBJECTIVE:**

Patient was started on Risperdal 0.5 mg PO BID one week ago for paranoia. Patient thought people were following her home and had VH of herself shooting back at people. She thought her coworkers carried guns and wanted her dead. Patient said she does feel fatigued, however her mind is "relaxed" after starting Risperdal. She denies hallucinations. She has no issues with people at work, "I don't care if they laugh or point at me." Patient is sleeping better. No more nightmares. No delusions or paranoia are revealed during this visit.

MENTAL STATUS EXAM: Please see below

#### **ASSESSMENT:**

Major depressive disorder, recurrent, mild--psychosis resolved.  
PTSD

#### **PLAN:**

Continue current medications: Risperdal 0.5 mg PO BID.

#### **SUPERVISORY NOTE: WILLIAM FULLER MD**

Ms. Naambwe is a 45 y.o. female patient who is being evaluated for recurrent major depression and PTSD. I saw Ms. Naambwe with Dr. Makar for supervisory purposes. The patient presents for evaluation, medical management, and therapies as necessary. Ms. Naambwe was seen face to face by this physician and the treating resident physician. The patient's diagnosis, presenting complaint, treatment plan, and follow up were discussed in detail. The patient's currently prescribed medications, past medication history, and chart were also reviewed. I assessed the patient's mental status and discussed this with the resident. This included observations about general appearance, psychomotor activity, speech, mood, affect, thought content, thought process, insight, Meditech report ID number: 0516-4434 Facility: UPA AMB

Signed



**Patient:** NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP193011616

and judgment. I agree with the resident's assessment, mental status exam, treatment planning and follow-up as documented. I have reviewed the chart documentation and revised it as necessary. I have discussed the treatment plan with both resident and patient. Benefits, risks, and safety issues, were also discussed with both resident and patient.

### **Clinical Patient Intake**

#### **Encounter Date/Number**

5/16/17 TUP193011616

#### **Primary Insurance**

Avera Morrell Care

**Send AveraChart Enrollment Inf:** No  
**Nurse**

Ann A Makar, MD May 16, 2017 18:51.

**Visit Reason:** Psychiatric Follow Up

### **Allergies & Medication History**

#### **Allergies:**

#### **Coded Allergies:**

aspirin (Unverified Allergy, Severe, Unknown, 4/26/17)

#### **Medications Last Reconciled on 5/16/17 18:54 by Ann A Makar, MD**

Risperidone 0.5 Mg Tablet1 Tab PO BID #60 TAB Ref 1

Prov: Makar,Ann A MD, RES

5/9/17

Prazosin 1 Mg Capsule1 Mg PO BEDTIME #30 CAP Ref 0

Prov: Makar,Ann A MD, RES

5/9/17

Lorazepam 1 Mg Tablet1 Mg PO BEDTIME #30 TAB Ref 0

Prov: Olson,Kalee M PA-C

4/26/17

Sertraline Hcl (Zoloft)100 Mg Tablet1 Tab PO DAILY #30 TAB Ref 5

Prov: Olson,Kalee M PA-C

4/26/17

Levothyroxine 100 Mcg Tablet1 Tab PO DAILY Thyroid #30 TAB Ref 5

Prov: Olson,Kalee M PA-C

3/20/17

Lisinopril/Hydrochlorothiazide 20 Mg/12.5 Mg Tablet1 Tab PO DAILY #30 TAB Ref 5

Prov: Olson,Kalee M PA-C

3/7/17

### **Tobacco Use**

**Smoking status:** Never smoker

**Does anyone in your home smoke:** No

### **Learning Preferences**

**Learning barriers:** Cultural, Language

**Readiness to learn:** Ready to learn

**Learning preferences:** Verbal explanation

### **Additional Intake**

#### **Intake by**

Ann A Makar, MD May 16, 2017 18:51.

### **HPI**

#### **Social History**

#### **Social history:**

**Marital status:** Married

**Occupation:** Morrells, flips meat day shift

**Travel history:** live in SF x 1yr, B&R Congo, Africa came to U.S. in 2004

Meditech report ID number: 0516-4434 Facility: UPA AMB

Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP193011616

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### **Alcohol/Substances**

**Alcohol intake:** None

**Substance use:** Denies use

### **Caffeine Use**

**Caffeine Use:** None

### **Mental Status Exam**

**Appearance:** Well nourished, Well-groomed

**Behavior:** Cooperative

**Eye contact:** Good

**Speech:** Clear, non-pressured

**Psychomotor Activity:** Normal

**Mood:** Other ("tired")

**Affect:** Full

**Thought Process:** Coherent, logical

**Thought Content:** No: Suicidal ideation, Homicidal ideation, Hallucinations, Delusions, Respond to internal stimuli, Paranoia, Obsessions, Compulsions, Other

**Sensorium:** Alert

**Orientation:** Oriented x4

**Memory:** Grossly intact

**Attention:** Good

**Fund of Knowledge:** Average

**Intelligence:** Average

**Insight:** Fair

**Judgement:** Other (improving)

**Musculoskeletal:** No abnormal movements

### **Assessment/Plan**

**Ambulatory assessment/plan:**

**PTSD (post-traumatic stress disorder)**

**Face to face time with patient:** 20 minutes

### **Coding**

**E&M EST Patient Visit:** performed Est Patient Visit - 99213

cc: ; :

Ann A Makar MD, RES  
PSYCHIATRY  
USD SCHOOL OF MEDICINE

William C Fuller MD  
PSYCHIATRY  
AVERA MED GRP UNIV PSYCH ASSOC

Meditech report ID number: 0516-4434 Facility: UPA AMB

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Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP193011616

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<Electronically signed by Ann A Makar MD, RES> 06/14/17 1454

<Electronically signed by William C Fuller MD> 06/27/17 0910

Meditech report ID number: 0516-4434 Facility: UPA AMB

---

Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP192185921

**AVERA MED GRP UNIVERSITY PSYCH**  
4400 W 69TH ST SUITE 1500  
SIOUX FALLS  
SD 57108-8171  
P#: (605)322-5704

Patient: NAAMBWE,SALA  
DOB: 01/01/1972 F / 45  
Acct: UP0000031726 MR: UP00031504  
Enc: TUP192185921  
Enc Date/Time: 05/09/2017 1245  
Provider: Makar, Ann A MD, RES

LSS CLINIC AMB REPORT

<Electronically signed by Ann A Makar MD, RES> 06/14/17 1440

<Electronically signed by William C Fuller MD> 06/20/17 1134

**PROGRESS NOTE**

**IDENTIFICATION DATA:** The patient is a 45-year-old married Congolese woman from Sioux Falls, South Dakota. She is here as a new patient for psychiatric evaluation. The patient was referred by Kalee Olson, PA.

**HISTORY OF PRESENT ILLNESS:** The patient states that last week, she saw people following her (that weren't there). She said she saw herself having a gun and shooting them. The patient has been afraid in the parking lot. Whenever she sees people, she is paranoid that they might figure out her address. Thus she is switching streets on her way home, so that no body can find out what her address is. Sometimes she is afraid in her room because "people might sneak through the window." The patient works at John Morrell. The patient said that she is having a lot of issues with male coworkers. She speaks of an incident when a man elbowed her. She states "I am afraid of people touching my skin." She also gets paranoid that people at work have a knife or gun. The patient has been home for one month due to mental illness reasons. The patient also has been looking for a new job.

The patient requires sleep medicine. She uses Ativan 1 mg at night. The patient states she feels sad "a lot." She had suicidal ideations in January when she was at the Yankton river. She stated "I felt like I could jump in the river." The patient has not been having recent suicidal ideations. Her energy is poor. She has poor appetite. She denies homicidal ideations. She does endorse auditory and visual hallucinations.

**PAST MEDICAL HISTORY:** The patient has never been hospitalized in a psychiatric facility. She has no previous suicide attempts. The patient was started on Zoloft 100 mg p.o. daily by primary care and Ativan 1 mg p.o. q.h.s. for sleep by primary care. The patient has medical history of hypertension. She denies any history of head trauma or seizures.

**FAMILY HISTORY:** Noncontributory.

**SOCIAL HISTORY:** The patient came from the Congo to the United States in December 2004. She first came to Texas where her husband is still living. She currently lives in Sioux Falls with three children at home. She has eight children total, ages range from 9 years old to 26 years old. She said that she is "African married" and her husband is in Texas. The patient does have a history of physical abuse at a refugee camp. This is part of why she is so sensitive to people touching her skin. She states "I don't want Meditech report ID number: 0509-3014 Facility: UPA AMB

Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP192185921

the guys touch me, I remember everything." The patient does endorse nightmares and flashbacks.

SUBSTANCE ABUSE HISTORY: The patient is a nonsmoker. She denies any alcohol or drug use.

REVIEW OF SYSTEMS: The patient does have high blood pressure this morning; however, denies any chest pain, palpitations, headache, or blurry vision. The remainder of the 10-point review of systems is negative.

MEDICATIONS:

1. Lorazepam 1 mg p.o. q.h.s.
2. Sertraline 100 mg p.o. daily.
3. Levothyroxine 100 mcg p.o. daily.
4. Lisinopril/hydrochlorothiazide one tablet p.o. daily.

ALLERGIES: Aspirin.

ASSESSMENT:

1. Major depressive disorder, recurrent, severe with psychotic features.
2. PTSD.

DIFFERENTIAL DIAGNOSES: Some of her paranoia can be attributed to her trauma at the refugee camp where she witnessed and was abused by men. However, she has visual hallucinations and is taking different routes to go home, because of paranoia. She is also having flashbacks and nightmares indicative of PTSD. The patient may have some signs of mixed personality disorder; however, this is by no means the primary diagnosis.

PLAN: Start Prazosin 1 mg p.o. q.h.s. for nightmares. The patient does have a history of hypertension. I did speak with her primary care provider, Kalee Olson, PA before starting the Prazosin to prevent hypotension. She said that starting Prazosin will be fine. I had also taken the patient's blood pressure and pulse during this appointment. Blood pressure was 180/101. I shared this with Ms. Olson as well and she noted the patient's consistent noncompliance

SUPERVISORY NOTE: WILLIAM FULLER MD

Ms. Naambwe is a 45 y.o. female patient who is being evaluated for recurrent major depression and PTSD. I saw Ms. Naambwe with Dr. Makar for supervisory purposes. The patient presents for evaluation, medical management, and therapies as necessary. Ms. Naambwe was seen face to face by this physician and the treating resident physician. The patient's diagnosis, presenting complaint, treatment plan, and follow up were discussed in detail. The patient's currently prescribed medications, past medication history, and chart were also reviewed. I assessed the patient's mental status and discussed this with the resident. This included observations about general appearance, psychomotor activity, speech, mood, affect, thought content, thought process, insight, and judgment. I agree with the resident's assessment, mental status exam, treatment planning and

Meditech report ID number: 0509-3014 Facility: UPA AMB

Signed

**Patient:** NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP192185921

follow-up as documented. I have reviewed the chart documentation and revised it as necessary. I have discussed the treatment plan with both resident and patient. Benefits, risks, and safety issues, were also discussed with both resident and patient.

### **Clinical Patient Intake**

#### **Encounter Date/Number**

5/9/17 TUP192185921

#### **Primary Insurance**

Avera Morrell Care

**Send AveraChart Enrollment Inf:** No

#### **Nurse**

Ann A Makar, MD May 9, 2017 15:28.

#### **Vitals**

##### **Vitals:**

**Pulse** 77 (Normal: 60 - 100 bpm)

**Blood Pressure** 180/101 Sitting, Right Arm

**Systolic** 180 (H) (Normal: 100 - 139 mmHg)

**Diastolic** 101 (H) (Normal: 60 - 89 mmHg)

**Visit Reason:** New Patient

### **Allergies & Medication History**

#### **Allergies:**

##### **Coded Allergies:**

aspirin (Unverified Allergy, Severe, Unknown, 4/26/17)

#### **Medications Last Reconciled on 6/12/17 09:28 by Ann A Makar, MD**

Risperidone 0.5 Mg Tablet1 Tab PO BID #60 TAB Ref 1

Prov: Makar,Ann A MD, RES

5/9/17

Prazosin 1 Mg Capsule1 Mg PO BEDTIME #30 CAP Ref 0

Prov: Makar,Ann A MD, RES

5/9/17

Lorazepam 1 Mg Tablet1 Mg PO BEDTIME #30 TAB Ref 0

Prov: Olson,Kalee M PA-C

4/26/17

Sertraline Hcl (Zoloft)100 Mg Tablet1 Tab PO DAILY #30 TAB Ref 5

Prov: Olson,Kalee M PA-C

4/26/17

Levothyroxine 100 Mcg Tablet1 Tab PO DAILY Thyroid #30 TAB Ref 5

Prov: Olson,Kalee M PA-C

3/20/17

Lisinopril/Hydrochlorothiazide 20 Mg/12.5 Mg Tablet1 Tab PO DAILY #30 TAB Ref 5

Prov: Olson,Kalee M PA-C

3/7/17

#### **Tobacco Use**

**Smoking status:** Never smoker

**Does anyone in your home smoke:** No

### **Learning Preferences**

**Learning barriers:** Cultural, Language

**Readiness to learn:** Ready to learn

**Learning preferences:** Verbal explanation

### **Additional Intake**

#### **Intake by**

Ann A Makar, MD May 9, 2017 15:28.

#### **HPI**

Meditech report ID number: 0509-3014 Facility: UPA AMB

Signed



Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP192185921

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### **Social History**

#### **Social history:**

**Marital status:** Married

**Occupation:** Morrells, flips meat day shift

**Travel history:** live in SF x 1yr, B&R Congo, Africa came to U.S. in 2004

### **Alcohol/Substances**

**Alcohol intake:** None

**Substance use:** Denies use

### **Caffeine Use**

**Caffeine Use:** None

### **Mental Status Exam**

**Vital Signs:** Reviewed (Patient has hx of HTN, she didn't take her meds. PCP was contacted and told about BP= 180/101.)

**Appearance:** Well nourished, Well-groomed

**Behavior:** Cooperative

**Eye contact:** Fair

**Speech:** Clear, non-pressured

**Psychomotor Activity:** Normal

**Mood:** Sad

**Affect:** Congruent

**Thought Process:** Coherent, logical

**Thought Content:** Yes: Hallucinations, Paranoia, No: Suicidal ideation, Homicidal ideation, Delusions, Respond to internal stimu, Obsessions, Compulsions

**Sensorium:** Alert

**Orientation:** Oriented x4

**Memory:** Grossly intact

**Attention:** Good

**Fund of Knowledge:** Average

**Intelligence:** Average

**Insight:** Questionable

**Judgement:** Fair

**Musculoskeletal:** No abnormal movements

### **Assessment/Plan**

#### **Ambulatory assessment/plan:**

##### **Depression**

**Severe episode of recurrent major depressive disorder, with psychotic features**

Depression Type: major depressive disorder

Major depression recurrence: recurrent

Active/Remission status: currently active

Major depression episode severity: severe

Psychotic features: with psychotic features

##### **PTSD (post-traumatic stress disorder)**

#### **Additional Plan Details**

##### **New Medications**

- **Prazosin 1 MG CAPSULE:** 1 MG PO BEDTIME #30 Ref 0

- **Risperidone 0.5 MG TABLET:** 1 TAB PO BID #60 Ref 1

Meditech report ID number: 0509-3014 Facility: UPA AMB

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Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TUP192185921

Face to face time with patient: 80 minutes

---

**Coding**

Diagnostic Eval: performed Eval w med srvc-90792

CC: ; ;

Ann A Makar MD, RES  
PSYCHIATRY  
USD SCHOOL OF MEDICINE

William C Fuller MD  
PSYCHIATRY  
AVERA MED GRP UNIV PSYCH ASSOC

<Electronically signed by Ann A Makar MD, RES> 06/14/17 1440

<Electronically signed by William C Fuller MD> 06/20/17 1134

Meditech report ID number: 0509-3014 Facility: UPA AMB

---

Signed

**Patient: NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TMG165590490

**Dawley Farm AMG McGreevy**  
1035 SOUTH HIGHLINE PLACE  
SIOUX FALLS  
SD 57110-1000  
P#: (605)322-2925

Patient: NAAMBWE,SALA  
DOB: 01/01/1972 F / 44  
Acct: MG0000318605 MR: MG00242898  
Enc: TMG165590490  
Enc Date/Time: 09/23/2016 1530  
Provider: Olson, Kalee M PA-C

LSS CLINIC AMB REPORT

<Electronically signed by Kalee M Olson PA-C> 09/29/16 0942

### **Nurse Interview Notes**

#### **Encounter Date/Number**

9/23/16 TMG165590490

#### **Primary Insurance**

Avera Morrell Care

#### **Send AveraChart Enrollment Inf:** No

High blood pressure, dizziness, seeing things that are not here.

Blackness at times

Chest tightness and headache- Hot

Uses ice packs to help her sleep

#### **Nurse**

Ann M Rozeboom, RN Sep 23, 2016 15:17.

#### **Travel**

**Travel Outside US Last 30 Days:** No

### **Vitals**

#### **Vitals:**

**Height** 5 ft 3.25 in / 160.66 cm

**Weight** 72.121 kg / 159 lbs

**BSA** 1.81 m<sup>2</sup>

**BMI** 27.9 kg/m<sup>2</sup> (H) (Normal: 18.5 - 24 kg/m<sup>2</sup>)

**Temperature** 98.1 F / 36.72 C (Normal: 36.4 - 38 C)

**Pulse** 68 (Normal: 60 - 100 bpm)

**Respirations** 18 (Normal: 12 - 20)

**Blood Pressure** 170/98

**Systolic** 170 (H) (Normal: 100 - 139 mmHg)

**Diastolic** 98 (H) (Normal: 60 - 89 mmHg)

**Visit Reason:** Medication Recheck

### **Allergies & Medication History**

#### **Allergies:**

#### **Coded Allergies:**

aspirin (Unverified Allergy, Severe, Unknown, 8/26/16)

#### **Medications** Last Reconciled on 9/23/16 15:21 by Ann M Rozeboom, RN

Meloxicam 7.5 Mg Tablet 7.5 Mg PO DAILY back pain #20 TAB

Prov: Bleeker, Bonnie L PA

8/26/16

Meditech report ID number: 0926-0460 Facility: MCG/AMB

Signed

**Patient: NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TMG165590490

---

Cyclobenzaprine 10 Mg Tablet1 Tab PO BEDTIME Muscle Spasm #30 TAB

Prov: Bleeker,Bonnie L PA

8/26/16

Sertraline Hcl (Zoloft)25 Mg Tablet1 Tab PO DAILY #30 TAB Ref 2

Prov: Olson,Kalee M PA-C

6/22/16

### **Pain**

Pt experiencing pain: No

### **Safety**

Fall in last 3 months: No

In abusive relationship: No

Other Safety Concerns: No

### **Tobacco Use**

Smoking status: Never smoker

Does anyone in your home smoke: No

### **Learning Preferences**

Learning barriers: Cultural, Language

Readiness to learn: Ready to learn

Learning preferences: Verbal explanation

### **Nursing E&M Codes-PBB**

E&M Codes-Established: Performed Brief

### **Past, Family & Social History**

#### **Past Medical History**

Medical history: No

#### **Past Surgical History**

Surgical history: No

#### **Social History**

Social history:

Marital status: Married

Occupation: Morrells, flips meat day shift

Travel history: live in SF x 1yr, B&R Congo, Africa came to U.S. in 2004

#### **Alcohol Use**

Alcohol intake: None

#### **Caffeine Use**

Caffeine Use: None

#### **Substance Use**

Substance use: Denies use

### **PROGRESS NOTE**

Subjective: Patient presents to discuss ongoing issues with headaches, elevated BP, and anxiety/depression. In the past she has had issues with severe tension headaches that have led to an

Meditech report ID number: 0926-0460 Facility: MCG/AMB

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Signed

**Patient: NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TMG165590490

elevation in her BP. If she did not have a headache her BP readings were within normal range. It was thought that the headaches were contributing to her headaches as she would get relief from Toradol injections and have a reduction in her BP. She states that she is now checking her BP at home and the are consistently elevated around 150 systolic regardless of whether or not she has a headaches. She continues to get frequent headaches that are in the back of her neck. She attributes this to stress at work which she has discussed with me before. She has felt that some men at work have verbally assaultive to her and she will go to the personal office frequently and they will not help her. She states that when this happens her BP increases. Last appointment with me she was started on sertraline which she feels is somewhat helpful if her work situation is going okay.

She also reports that she has been having visual hallucinations for the last several weeks. Last week she saw a man sitting in her chair at home under a sign that said "no smoke" and his skin was peeling off. She is able to describe several details of this vision including details of what this man looked like. She states that she always sees visions of people. She states that she knows she was awake and was not sleeping.

ROS: Negative except as noted in HPI.

**Objective:**

Vitals are reviewed in the EMR

General: Patient is alert, oriented, and in no acute distress.

Psych: Mood and affect are anxious.

HEENT: Head is normal cephalic, atraumatic.

Pupils are equal, round and reactive to light. Extra ocular muscles are functionally normal. Sclera are normal.

TMs are clear bilaterally without bulging or erythema.

Posterior pharynx is pink and moist. No tonsillar exudate present.

Nares patent with no discharge bilaterally.

NECK: Supple without lymphadenopathy noted. Trachea midline. Thyroid not enlarged.

HEART: Regular rate and rhythm with no rubs, murmurs, or gallops.

LUNGS: Clear to auscultation bilaterally, with no wheezes, rales, or rhonchi noted.

EXT: No lower extremity edema noted.

Assessment: Elevated BP

Visual Hallucinations

Stress at work

Tension headache

- Plan: 1. Elevated BP. BP has been consistently elevated, at this point I am going to try her on Lisinopril/HCTZ and see her back in 1 week to check her BP.  
2. Visual Hallucinations. Likely secondary to increased stress. Question Axis II diagnosis, may consider psych referral in the future.  
3. Stress at work. Continue with medications as prescribed.  
4. Tension Headache. Toradol given in clinic.

Follow up recommended in 1 week. I do see in the chart that she had a TSH in 2014 that was elevated, I do not see that this was addressed or followed up. Will consider checking at her appointment in 1 week.

**Assessment/Plan\***

Meditech report ID number: 0926-0460 Facility: MCG/AMB

Signed

**Patient: NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TMG165590490

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**Ambulatory assessment/plan:**

**Hypertension**

Qualifiers: I15.9 - Secondary hypertension  
Hypertension type: unspecified secondary hypertension

**Headache**

Qualifiers: G44.229 - Chronic tension-type headache, not intractable  
Headache type: tension-type  
Headache chronicity pattern: chronic headache  
Intractability: not intractable

**Visual hallucinations**

**Stress at work**

**Additional Plan Details**

**New Medications**

- **Lisinopril/Hydrochlorothiazide 10 MG/12.5 MG TABLET:** 1 TAB PO DAILY #30 Ref 0

**New Diagnostics**

- **Complete Metabolic Panel,** Today @ DAWLEY FARMS AMG MCGREEVY  
Dx: Hypertension

**New Office Procedures**

- **Ketorolac 60mg/2ml vial,** Today  
**Ketorolac (Ketorolac 60mg/2ml) 60 MG/2 ML VIAL:** 60 MILLIGRAM INTRAMUSC Qty 1 VIAL  
Administered by: Ann M Rozeboom, RN on 09/23/16 at 4:47pm Site: Rt Gluteus Maximus  
Lot: 63-311-dk Expiration Date: 03/01/18  
Manufacturer: HOSPI.INC Source: Private  
Dx: Headache

**Plan**

[P]

cc: ; ;

Kalee M Olson PA-C  
OTHER  
AVERA MED GRP DAWLEY FARM

<Electronically signed by Kalee M Olson PA-C> 09/29/16 0942

Meditech report ID number: 0926-0460 Facility: MCG/AMB

---

Signed



Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TMG190883451

Dawley Farm AMG McGreevy  
1035 SOUTH HIGHLINE PLACE  
SIOUX FALLS  
SD 57110-1000  
P#: (605)322-2925

Patient: NAAMBWE,SALA  
DOB: 01/01/1972 F / 45  
Acct: MG0000318605 MR: MG00242898  
Enc: TMG190883451  
Enc Date/Time: 04/26/2017 1415  
Provider: Olson, Kalee M PA-C

LSS CLINIC AMB REPORT

<Electronically signed by Kalee M Olson PA-C> 04/29/17 2228

### Nurse Interview Notes

#### **Encounter Date/Number**

4/26/17 TMG190883451

#### **Primary Insurance**

Avera Morrell Care

#### **Send AveraChart Enrollment Inf: No**

Patient presents to clinic today for a recheck. She is not checking blood pressures at home. Patient does report the lorazepam is helpful with anxiety.

#### **Nurse**

Jennifer J Williams, RN Apr 26, 2017 14:04.

#### **Travel**

Travel Outside US Last 30 Days: No

### **Vitals**

#### **Vitals:**

Height 5 ft 3 in / 160.02 cm

Weight 74.389 kg / 164 lbs

BSA 1.84 m2

BMI 29.1 kg/m2 (H) (Normal: 18.5 - 24 kg/m2)

Temperature 98.3 F - Tympanic / 36.83 C (Normal: 36.4 - 38 C)

Pulse 77 (Normal: 60 - 100 bpm)

Respirations 16 (Normal: 12 - 20)

Blood Pressure 138/89 Sitting, Right Arm

Systolic 138 (Normal: 100 - 139 mmHg)

Diastolic 89 (Normal: 60 - 89 mmHg)

Pulse Oximetry 98, Room Air

Visit Reason: Follow Up Medical Visit

### **Allergies & Medication History**

#### **Allergies:**

#### **Coded Allergies:**

aspirin (Unverified Allergy, Severe, Unknown, 4/26/17)

#### **Medications Last Reconciled on 4/26/17 14:09 by Jennifer J Williams, RN**

Levothyroxine 100 Mcg Tablet1 Tab PO DAILY Thyroid #30 TAB Ref 5

Prov: Olson,Kalee M PA-C

3/20/17

Lorazepam 1 Mg Tablet1 Mg PO BEDTIME #30 TAB Ref 0

Meditech report ID number: 0429-0499 Facility: MCG AMB

Signed

**Patient:** NAAMBWE,SALA DOB: 01/01/1972 Encounter: TMG190883451

Prov: Olson,Kalee M PA-C	3/20/17
Sertraline Hcl (Zoloft)25 Mg Tablet1 Tab PO DAILY #30 TAB Ref 2	
Prov: Olson,Kalee M PA-C	3/14/17
Lisinopril/Hydrochlorothiazide 20 Mg/12.5 Mg Tablet1 Tab PO DAILY #30 TAB Ref 5	
Prov: Olson,Kalee M PA-C	3/7/17

### **Pain**

**Pt experiencing pain:** No

### **Safety**

**Fall in last 3 months:** No

**In abusive relationship:** No

**Other Safety Concerns:** No

**Education provided:** No

### **Tobacco Use**

**Smoking status:** Never smoker

**Does anyone in your home smoke:** No

### **Learning Preferences**

**Learning barriers:** Cultural, Language

**Readiness to learn:** Ready to learn

**Learning preferences:** Verbal explanation

### **Past, Family & Social History**

#### **Past Medical History**

**Medical history:** No

#### **Past Surgical History**

**Surgical history:** No

#### **Social History**

**Social history:**

**Marital status:** Married

**Occupation:** Morrells, flips meat day shift

**Travel history:** live in SF x 1yr, B&R Congo, Africa came to U.S. in 2004

#### **Alcohol Use**

**Alcohol intake:** None

#### **Caffeine Use**

**Caffeine Use:** None

#### **Substance Use**

**Substance use:** Denies use

### **PROGRESS NOTE**

Subjective: Patient presents to for followup on hypertension, anxiety, and problems in her workplace. We have been following her closely due high anxiety symptoms and stressful environment at work. She is feeling MUCH better since her last visit. She feels her medications are working well and has

Meditech report ID number: 0429-0499 Facility: MCG AMB

Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TMG190883451

noticed a drastic improvement in her anxiety. She is sleeping much better. Hy-vee has been bubble packing her medications to help with compliance and has been working well for her. She reports no more hallucinations as long as she takes her medicine. The man that was specifically bothering her at work has been fired for sexual assault so she does have much less stress in the workplace since his is gone and this has helped as well. She is still fearful he will return.

ROS: Negative except as noted in HPI.

Medications and Allergies are reviewed in the EMR.

Objective:

Vitals are reviewed in the EMR

General: Patient is alert, oriented, and in no acute distress.

Psych: Mood and affect are appropriate and speech is normal.

HEART: Regular rate and rhythm with no rubs, murmurs, or gallops.

LUNGS: Clear to auscultation bilaterally, with no wheezes, rales, or rhonchi noted.

Assessment:

Anxiety

Stressful workplace

Hypertension

Hypothyroidism

Plan: Medications are working well, will increase Zoloft today. She feels that she has a better understanding of her medications since receiving the bubble packs and thinks she would be able to do it on her own now. Will let her try for a month. I did hand write a list of her medications and when I would like her to take them.

Follow up recommended in 3 months.

**Assessment/Plan\***

**Ambulatory assessment/plan:**

**Anxiety**

**Stress at work**

**Hypothyroidism**

**Hypothyroidism, unspecified type**

Hypothyroidism type: unspecified

**Hypertension**

**Essential hypertension**

Hypertension type: essential hypertension

**Additional Plan Details**

**New Medications**

- **Sertraline Hcl (Zoloft) 100 MG TABLET:** 1 TAB PO DAILY #30 Ref 5

**Renewed Medications**

- **Lorazepam 1 MG TABLET:** 1 MG PO BEDTIME #30 Ref 0

**Discontinued Medications**

- **Sertraline Hcl (Zoloft) 25 MG TABLET:** 1 TAB PO DAILY #30 Ref 2  
Reason: Dosage change

Meditech report ID number: 0429-0499 Facility: MCG AMB

Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TMG190883451

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Plan

[P]

CC: ; ;

Kalee M Olson PA-C  
OTHER  
AVERA MED GRP DAWLEY FARM

<Electronically signed by Kalee M Olson PA-C> 04/29/17 2228

Meditech report ID number: 0429-0499 Facility: MCG AMB

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Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TMG186077890

Dawley Farm AMG McGreevy  
1035 SOUTH HIGHLINE PLACE  
SIOUX FALLS  
SD 57110-1000  
P#: (605)322-2925

Patient: NAAMBWE,SALA  
DOB: 01/01/1972 F / 45  
Acct: MG0000318605 MR: MG00242898  
Enc: TMG186077890  
Enc Date/Time: 03/20/2017 1030  
Provider: Jenson, Laura K CSW-PIP

LSS COORDINATED CARE SW

<Electronically signed by Laura K Jenson CSW-PIP> 03/21/17 1056

### **Assessment**

#### **Coordinated Care**

**Coordinated Care enrollment:** Patient accepts

**Coordinated Care Admit Date:** Mar 14, 2017

**Health Home patient:** Avera Health Plan

**Date:** Mar 20, 2017

#### **Presenting problem**

Pt is struggling with a hostile work environment including sexual harassment.

**Information source:** Patient

### **Social History**

#### **General Information:**

**Marital Status:** Married

### **Cognitive/Emotion Functioning**

**Orientation:** Oriented x 4

**Cognition:** Appropriate for age

**Thought content:** No concerns

**Memory:** Grossly intact

**Affect:** Bright

**Emotional status/mood:** Anxious

**Psychomotor activity:** Normal

**Speech:** Articulate

**Speech volume:** Normal

**Articulation:** Normal

**Eye contact:** Good

**Appearance:** Groomed

### **Support System**

**Support system:** Family

### **Safety**

**Concerns for own safety:** None

**Abuse concerns:** None

### **Living Situation**

Meditech report ID number: 0321-1446 Facility: MCG AMB

Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TMG186077890

**Living environment:** Apartment

**Transportation:** Independent driver, Family member

**Anticipated support services:** Counseling (Pt is referred to the Heurmann Counseling Clinic which is free of charge.)

### **Tobacco Use**

**Smoking status:** Never smoker

**Does anyone in your home smoke:** No

### **Alcohol Use**

**Alcohol intake:** None

### **Substance Use**

**Substance use:** Denies use

### **Caffeine Use**

**Caffeine Use:** None

### **Coordinated Care Plan**

**Care Plan Goal Date:** Mar 14, 2018

Date:

Primary Concern: Anxiety

Secondary Issue	Goal	Action	Goal Date	Outcome
Anxiety related to [ ]  Situational crisis,  Threat to self-concept.	<p>Patient will:</p> <p>Identify and verbalize symptoms of anxiety,</p> <p>Identify, verbalize and demonstrate techniques to control anxiety,</p> <p>Verbalize absence of or decrease in subjective distress,</p> <p>Identify and verbalize anxiety precipitants, conflicts, and threats,</p> <p>Demonstrate ability to reassure self,</p> <p>Demonstrate improved concentration and accuracy of thoughts,</p>	<p>Complete PHQ-9 and GAD-7 screening tools and continue to assess depression/anxiety per PHQ-9 guidelines.</p> <p>Help the client identify precipitants of anxiety that may indicate interventions.</p> <p>Explore coping skills previously used to relieve anxiety; reinforce these skills and explore other outlets.</p> <p>If irrational thoughts or fears are present, offer accurate information.</p> <p>Encourage positive self-talk.</p> <p>Intervene when possible to remove sources of anxiety.</p>	3/14/18	

Meditech report ID number: 0321-1446 Facility: MCG AMB

Signed



Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TMG186077890

	Have posture, facial expressions, gestures, and activity levels that reflect decreased stress	Teach techniques to self-manage anxiety.  Teach relationship between healthy physical and emotional lifestyle.  Refer to therapist if agreeable.		
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**Additional information**

CCSW met with pt to offer support in time of crisis. She appears to have done everything asked of her by her employer, but continues to face sexual harassment and unfair treatment. She is eligible for free EAP services through her employer, but she is also given information re: a free counseling clinic, which would be longer term (Heurmann Clinic). She is currently off of work to address her health concerns. Is conflicted about going back to work as she is in a hostile work environment. Currently looking for other work, but due to immigration status, is not eligible for many employment opportunities. She is also given information re: area churches that may help her in this time. She plans to address needs (anxiety, coping skills) in longer term counseling, is provided referral. Pt also requests information re: how to pursue a protection order from the co worker that is sexually harassing her. It is not appropriate at this time, as protection orders are meant to restrain perpetrators that have threatened the well being or safety of claimant. Pt is provided the State's Attorney's to seek further guidance. Will follow and assist as directed.

cc: ; :

Laura K Jenson CSW-PIP  
OTHER  
AVERA MED GPR MCGREEVY 7TH AVE

&lt;Electronically signed by Laura K Jenson CSW-PIP&gt; 03/21/17 1056

Meditech report ID number: 0321-1446 Facility: MCG AMB

Signed

Patient: NAAMBWE,SALA DOB: 01/01/1972 Encounter: TMG185396070

Dawley Farm AMG McGreevy  
1035 SOUTH HIGHLINE PLACE  
SIOUX FALLS  
SD 57110-1000  
P#: (605)322-2925

Patient: NAAMBWE,SALA  
DOB: 01/01/1972 F / 45  
Acct: MG0000318605 MR: MG00242898  
Enc: TMG185396070  
Enc Date/Time: 03/14/2017 1030  
Provider: Olson, Kalee M PA-C

LSS CLINIC AMB REPORT

<Electronically signed by Kalee M Olson PA-C> 03/17/17 0801

**Nurse Interview Notes**

**Encounter Date/Number**

3/14/17 TMG185396070

**Primary Insurance**

Avera Morrell Care

**Send AveraChart Enrollment Inf:** No

Patient presents to clinic today for a recheck - recently started on lisinopril - she reports feeling dizzy and is having muscle aches.

**Nurse**

Jennifer J Williams, RN Mar 14, 2017 10:38.

**Travel**

**Travel Outside US Last 30 Days:** No

**Vitals**

**Vitals:**

**Height** 5 ft 3 in / 160.02 cm

**Weight** 74.389 kg / 164 lbs

**BSA** 1.84 m<sup>2</sup>

**BMI** 29.1 kg/m<sup>2</sup> (H) (Normal: 18.5 - 24 kg/m<sup>2</sup>)

**Temperature** 97.4 F - **Tympanic (L)** / 36.33 C (Normal: 36.4 - 38 C)

**Pulse** 116 (H) (Normal: 60 - 100 bpm)

**Respirations** 18 (Normal: 12 - 20)

**Blood Pressure** 139/85 Sitting, Right Arm

**Systolic** 139 (Normal: 100 - 139 mmHg)

**Diastolic** 85 (Normal: 60 - 89 mmHg)

**Pulse Oximetry** 100, Room Air

**Visit Reason:** Follow Up Medical Visit

**Allergies & Medication History**

**Allergies:**

**Coded Allergies:**

aspirin (Unverified Allergy, Severe, Unknown, 3/14/17)

**Medications Last Reconciled on 3/14/17 10:45 by Jennifer J Williams, RN**

Lisinopril/Hydrochlorothiazide 20 Mg/12.5 Mg Tablet1 Tab PO DAILY #30 TAB Ref 5  
Prov: Olson,Kalee M PA-C 3/7/17

Levothyroxine 75 Mcg Tablet1 Tab PO DAILY Thyroid #90 TAB Ref 0

Meditech report ID number: 0316-3874 Facility: MCG AMB

Signed

**Patient:** NAAMBWE,SALA DOB: 01/01/1972 Encounter: TMG185396070

Prov: Stotz,Michael P DO	11/22/16
Cyclobenzaprine 10 Mg Tablet1 Tab PO BEDTIME Muscle Spasm #30 TAB	
Prov: Stotz,Michael P DO	11/18/16
Meloxicam 7.5 Mg Tablet7.5 Mg PO DAILY back pain #20 TAB	
Prov: Bleeker,Bonnie L PA	8/26/16
Sertraline Hcl (Zoloft)25 Mg Tablet1 Tab PO DAILY #30 TAB Ref 2	
Prov: Olson,Kalee M PA-C	6/22/16

### **Pain**

**Pt experiencing pain:** Yes

**Pain Location:** Bilateral Back, Bilateral Headache

**Present Level of Pain:** 1/10 Mild

### **Safety**

**Fall in last 3 months:** No

**In abusive relationship:** No

**Other Safety Concerns:** No

**Education provided:** No

### **Tobacco Use**

**Smoking status:** Never smoker

**Does anyone in your home smoke:** No

### **Learning Preferences**

**Learning barriers:** Cultural, Language

**Readiness to learn:** Ready to learn

**Learning preferences:** Verbal explanation

### **Past, Family & Social History**

#### **Past Medical History**

**Medical history:** No

#### **Past Surgical History**

**Surgical history:** No

#### **Social History**

**Social history:**

**Marital status:** Married

**Occupation:** Morrells, flips meat day shift

**Travel history:** live in SF x 1yr, B&R Congo, Africa came to U.S. in 2004

#### **Alcohol Use**

**Alcohol intake:** None

#### **Caffeine Use**

**Caffeine Use:** None

#### **Substance Use**

**Substance use:** Denies use

### **PROGRESS NOTE**

Meditech report ID number: 0316-3874 Facility: MCG AMB

Signed

**Patient: NAAMBWE,SALA** DOB: 01/01/1972 Encounter: TMG185396070

**Subjective:** Patient presents today for a follow-up medical visit. We had asked her to return in 1 week to address hypertension, anxiety, dizziness, and visual hallucinations. Her blood pressure is better controlled today in comparison to her visit last week. She states that she continues to feel dizzy and like her legs and arms do not work at times. She has not been working for a week and did apply for 1 job but states she was not qualified. She continues to insist that work is the cause of a majority of her stress and that she will get angry from situations at work and then her blood pressure will rise and cause her to feel ill. She continues to endorse that there is a man at work who sexually assaults her regularly, but her supervisor does not address this as he is friends with the man who assaults her. She does talk briefly about her history as a refugee fleeing the Congo and that there were some very scary situations at that time, we discussed PTSD symptoms and flashbacks and she continues to insist most of her anxiety surrounds work and her current job. She is seen today in conjunction with Nikita Christiansen with coordinated care whom we have enlisted to help us with managing Sala's care. She does tell us both that she needs to see a psychiatrist as she continues to have visual hallucinations. She denies drug use. She will frequently see people across the room or flashes of light. She has had trouble with managing her medications as well and does not ever really know what she is taking, we will plan to contact her pharmacy to discuss bubble packing her medications to hopefully gain better control and compliance with her medications. She does also endorse some paranoia that people from work will come after her and kill her. She does think a man at work is placing "witchcraft" spells on her, although I am unsure if this is more of a cultural belief vs a psychiatric paranoia. She is not really sleeping at all due to her anxiety and stress. She states she is sleeping from 2-4 hours total every night.

**ROS:** Negative except as noted in HPI.

Medications and Allergies are reviewed in the EMR.

**Objective:**

Vitals are reviewed in the EMR

**General:** Patient is alert, oriented, and in no acute distress.

**Psych:** Mood and affect are appropriate and speech is normal. She does get anxious at times

Pupils are equal, round and reactive to light. Extra ocular muscles are functionally normal. Sclera are normal.

**Assessment:** Hypertension

Anxiety

Visual Hallucinations

Hypothyroidism

Workplace conflict

**Plan:** I spent a long period of time with both Sala and coordinated care today. She does need her thyroid function rechecked so will do that today. Continue current BP meds. I plan to restart zoloft and will initiate trazadone at night to help with sleep. I did send her to Hy-vee on Minnesota as they have agreed to bubble pack her meds for the next 1 week to help with compliance so that we know what she is taking. Niki did spend some extended time with her following our initial discussion and is working to get her set up with some counseling and discussing other options with her. I did refer her to psychiatry for evaluation of her visual hallucinations.

Follow up recommended in 1 week.

**Assessment/Plan\***

Meditech report ID number: 0316-3874 Facility: MCG AMB

Signed